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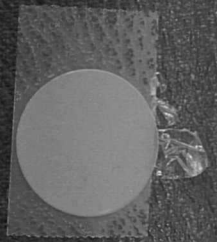

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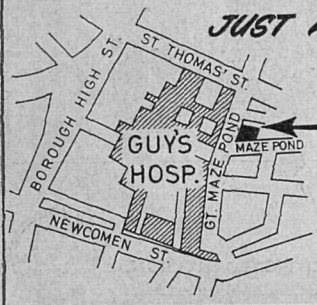

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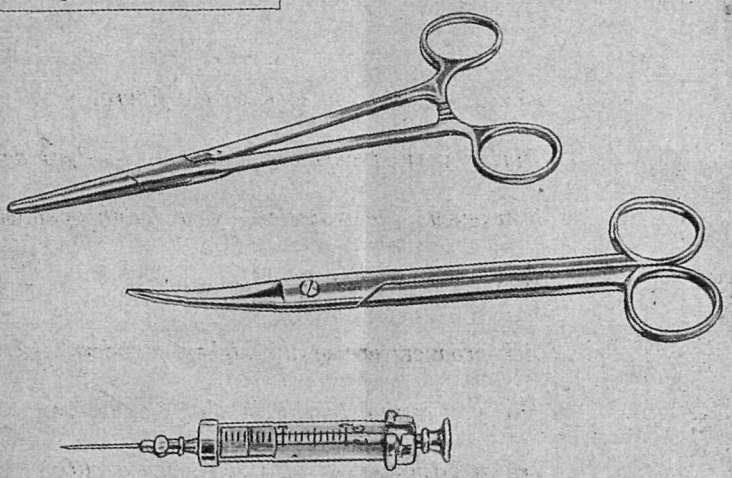

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A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

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PASSIM

WITH this, the first number of Volume LXXI of the present series, we look back over seventy years of uninterrupted publication of the *Gazette*. It was in 1887 that it emerged from its six years suspension following the great nursing dispute, and it has appeared fortnightly ever since—a unique record for a hospital journal. The only interruption was the loss of one issue during the General Strike of 1926. But for the determination of our printers, who have long served us so well, 1956 would have seen a second, and longer, interruption. As it was, we were able to produce a four-page and an eight-page issue in March, during the printing trade dispute which robbed London of most of its periodicals and gave us such anomalies as a *Radio Times* from the presses of Paris. Unfortunately, the loss of revenue from advertisements in those two truncated issues has laid a considerable burden on our finances which is still being felt. To look on the brighter side, our circulation has now reached the 5,000 mark, where we have every hope it will remain.

To turn from the fortunes of the *Gazette* to those of the Hospital in general during the past year, we would describe 1956 as a year of great promise. An outstanding achievement has been the completion of the new building of the Students' Club ; this has filled a long and deeply felt need in an imaginative and more lavish way than we would have dared hope for. It was only completed at the end of the year, and it is for the students of 1957 to realize its great potentialities with as much vision as those who planned it. The hard-working building committee has forged ahead with the plans for the new Guy's, which are now virtually complete and have met with the acclamation of those who have seen them. At last it seems as though the days are in sight when the Phoenix will rise from the ashes and rubble of 1940, and we have reason to think that the new wing will be something that Guy's can be proud of. Meanwhile, we must record the end of an era in Guy's history and the beginning of another, in the transfer of our exile units from Orpington to New Cross. Our happy 17-years sojourn in Kent has been recorded in our pages for posterity by Dr. H. StH. Vertue, but now as we turn from Orpington with regret we can look forward to the fruits of the modern facilities at New Cross.

We should not let a review of 1956 pass without reference to the foundation of the Art Society, a contribution full of promise. The year has also seen the acquisition of a fine painting of Guy's by Mr. John Piper, an important event which has not yet had the recognition it deserves, but to which we hope to return in a future issue.

We wish all our readers a happy New Year, and as we begin the

seventy-first volume, we re-echo the thoughts of our predecessor of 1887 in hoping that the *Gazette*

> " chronicling the Present, may be a link between present Guy's men, and the Future ; old Guy's men, and the Present; all present Guy's men, and the Past; serving to spread and strengthen the Spirit of Guyite clansmanship, and reputation (the boast of our own, the envy of other, schools) all the world over."

The Hospital has been greatly saddened by the sudden death on 27th December of Dr. T. A. B. Harris, who was Director of the Department of Anaesthetics. His textbook, his work before the war on spinal anaesthesia and his recent work on barbiturate antagonists are well known, but he will be best remembered by Guy's men and women for his charming, approachable personality which endeared him to all. A Memorial Service was held in the Chapel on 4th January and an Obituary notice will be published in our next issue. We extend our deepest sympathy to his family in their untimely bereavement.

It has become the custom for the first *Passim* of each year to make one or two suggestions for reforms that might be made in the coming year. Of those offered last year, one has been carried out : the provision of flashing lights in the medical secretaries' office. This has been a great help to housemen and registrars, so we hope that a similar service might now be done for students by installing a set in their laboratory on the fourth floor of Hunt's House ; and it should not be beyond the ingenuity of the Works Department to improve those in the Anatomy Theatre so that they become visible while remaining discreet. The other points mentioned last year are, alas, still with us, and it is more in sorrow than in anger that we remark that the frequent complaints in *Passim* and our correspondence columns about notices—from the now famous board at the foot of the stairs to the " No entrance for patients this way "—have met with no positive response.

But as the most urgent campaign for reform, we must put forward the problem of food hygeine, where our standards have been allowed to become dangerously low. We realize that the buildings and equipment are not ideally suited for the application of modern ideas of food handling, but we do not ask for costly transformations to be made, for there is plenty of room for improvement without any expenditure at all. There can be no excuse for the familiar sights of exposed trays of food being carried by porters with all-too-productive coughs, or with saliva-sodden stubs of cigarettes between their lips. And the smells which come from some of the food-trolleys and certain corners of the College are often those of yesterday's and last week's food rather than today's. Little wonder that the authorities are sometimes worried by the frequency of transient epidemic attacks of gastro-intestinal symptoms among the patients, not to mention the similar plagues that decimate the ranks of the residents from time to time ! Let us hope that 1957 will see a concerted attack on this and other aspects of the food problem at Guy's.

We heartily congratulate a former Editor, Dr. Roy Goulding, on his appointment as Senior Medical Officer-Pharmacologist to the Ministry of Health. We shall greatly miss his popular lectures, and his contribution to our active Department of Pharmacology, but are happy to know that the policy of the Ministry in this field will be influenced by a Guy's man. We wish him every happiness in his new work.

GUY'S DIARY

JANUARY			Exhibition. Department of Surgery. *Goitre.*
7th	M	1.00	Mr. Murray Falconer. Clinical Lecture.
		5.00	Endocrine Demonstration. Dr. P. M. F. Bishop. *Hyperparathyroidism.* Preclinical Classroom.
9th	W	5.45	Science Club. Dr. J. A. Nissim. *The Regulation of Gonadotrophin Production by the Anterior Pituitary.* (Tea 4.30 p.m.).
10th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
		4.30	Physiological Society. Mr. R. J. Rew. *Electric Shock.* Physiology Theatre.
		5.00	X-ray Meeting. Medical X-ray Department.
11th	F	1.00	Dr. Charles Baker. Clinical Lecture. *Systemic Embolism in Heart Disease.*
12th	S		Rugby 1st XV *v.* Wasps (H.O.P.).
14th	M	1.00	Dr. Louis Forman. Clinical Lecture. *Drug Eruption.*
15th	T	1.00	Clinical Lecture. Dr. T. H. Hills. *Cine-Radiography with the Image Intensifier.*
		5.15	Dental Society. Mr. A. C. Kerr. *Fluoridation of Water.*
17th	Th	1.00	Clinical Lecture. Mr. S. H. Wass. *Undescended Testicles.*
		4.30	Physiological Society. Mr. A. J. Brown and Mr. M. E. Cavendish. *Aspects of Fitness.*
18th	F	1.00	Clinical Lecture. Dr. Ralph Kauntze. *The Physiology of Oesophageal Movement.*

NOTICES

THE CLUBS' UNION BALL

The Annual Clubs' Union Ball will be held at the Dorchester Hotel, Park Lane, on the 28th January, 1957. Mrs. F. R. Kilpatrick has kindly consented to act as hostess — the reception will be at 8.30 p.m. Dancing will be from 9 p.m. till 2 a.m.

Double tickets (including dinner) £3 5*s.* 0*d.* (Students £2 15*s.* 0*d.*) may be obtained from Mr. N. L. Eckhoff, Esq. (Staff), Mr. F. Ellis (Jun. Staff), Messrs. M. Mackenzie, D. Yetman and W. Fields.

GUY'S HOSPITAL PHOTOGRAPHIC SOCIETY

The next meeting of the Photographic Society will be held on Thursday, 17th January, when Mr. Eckhoff will lecture on " Photography in Surgery ".

Commencing on 22nd January, at 5 p.m., in the Clinical Theatre, a series of informal meetings will be held for the less advanced worker and beginner. These will cover all aspects of photography and are open to all who are interested in learning more about the subject.

THE ORGANIZATION OF THE HOSPITALS IN THE NATIONAL HEALTH SERVICE

By B. LEES READ, *O.B.E.*, A.C.A., F.H.A.

(*Clerk to the Governors of Guy's Hospital*)

A Talk given to a Visiting Party of the B.M.S.A. on 7th September, 1956.

THE National Health Service Act of 1946 placed on the Ministry of Health the duty of establishing a comprehensive health service which was to be free to the user, except as otherwise provided. The Act was an enabling Act and authorized the Minister to make arrangements for the setting up of the Health Service and it did not come into force until the 5th July, 1948.

The Service could be said to be organized in three main divisions:

(*a*) The Hospital and Specialist Services.

(*b*) The Health Services which are the responsibility of the Local Health Authorities.

(*c*) The General Medical and Dental Practitioners' Service with their ancillary services such as ophthalmic, pharmaceutical, surgical appliances, etc.

I am only concerned today with the first of these. The organization of the Hospital and Specialist Services was commenced by the division of England and Wales into 14 regions, each of these being governed by a Regional Hospital Board. There were also set up 22 Boards of Governors for each of the 12 London and 10 Provincial undergraduate teaching hospitals and, in addition, 14 Boards of Governors were created for the control of the specialist hospitals which it had been decided should be recognized as postgraduate teaching hospitals. In some cases, and particularly in the provinces, the teaching hospital, which in all cases except the Hammersmith Hospital, had been a voluntary hospital, had attached to it as part of the unit one or more other hospitals including specialist hospitals. This was done in the main to increase the clinical facilities available to the medical school of that hospital. At Guy's only the Evelina Hospital for Children was attached.

Regional Boards had then to organize for the purposes of management the the hospitals in their respective areas. This was done by grouping the hospitals and putting them under the control of Hospital Management Committees. These bodies are responsible for the day to day management and control of the hospitals in their group and they are answerable direct to the Regional Hospital Boards. The division of hospitals between Management Committees was probably largely made on geographical considerations, although density of population and the number of hospitals available in an area also influenced the decision. The number of hospitals and clinics controlled by a single Hospital Management Committee varies from 1 to 10 or more and the hospitals in any group may be a combination of general hospitals, chronic, specialist or mental hospitals, or mental deficiency institutions.

The hospital side of the Health Service started by the taking over by the Minister of approximately 2,580 former voluntary and local government hospitals and some 530 out-patient clinics of various kinds. In this connection it is interesting to note that 272 hospitals were disclaimed by the Minister, that is to say they were left in private hands. Among the best known of these are the Royal Masonic Hospital, Manor House Hospital, and the Florence Nightingale Hospital for Gentlewomen.

The hospitals and clinics taken over are managed by approximately 375 Hospital

Management Committees, an average of approximately 8 hospitals and clinics to each Management Committee. As there are 14 regions, this gives an average of almost 27 Management Committees responsible to each Regional Board. The actual number varies quite considerably as some regions are far larger than others.

Boards of Governors of teaching hospitals and Regional Hospital Boards are appointed by the Minister of Health and usually consist of approximately 30 members: Hospital Management Committees are appointed by the Regional Hospital Boards and the number of members on any one Committee may vary. All members of all Boards or Committees are unpaid, so far as their service on such Boards or Committees is concerned, but Boards and Committees can include members of the clinical staff of the hospital who are, of course, salaried for their hospital clinical work. Members of Boards and Committees are usually selected to ensure that they include members of the medical profession, local government, trade unions, other professions and businesses. Suggestions for membership are invited from interested authorities.

The appointment of Boards of Governors of teaching hospitals is governed by the National Health Service Act, which provides for:

(*a*) Not more than one-fifth to be nominated by the Medical Staff.

(*b*) Not more than one-fifth to be nominated by the Regional Board.

(*c*) Not more than one-fifth to be nominated by the University.

In the Guy's Board of 29 plus the Chairman there are five members nominated by the medical add dental staff, five members nominated by the University, five members nominated by the Regional Hospital Board and 14 direct appointments made by the Ministry of Health. Many of the latter are made on the suggestion of outside authorities, but the Chairman is appointed by the Minister.

Under the Act, accommodation in hospital is to be provided in three categories:

Section 3—The normal wards or free beds, no charges of any kind being made to the patients.

Section 4—The provision of amenity beds, i.e. a small charge for special accommodation: no separate medical fees are payable, neither does the charge cover the cost of the accommodation.

Section 5—Pay beds. In these the patient has to meet the full cost of providing the accommodation plus professional fees. These fees have to be in accordance with a scale laid down by the Ministry of Health in 85% of the pay beds. The number of pay beds that any one hospital can have has, in turn, been fixed by the Ministry of Health. 15% of the allotted number of pay beds may be set aside as unlimited pay beds and the professional fees payable by the patients in these beds is entirely a matter of arrangement between them and the professional staff concerned.

Hospitals have also to provide casualty services, out-patient and diagnostic clinics, and hospital laboratory and diagnostic X-ray departments. These latter may be made available to general practitioners in the area of the hospital. This access to the hospitals services is regarded as desirable by the Ministry of Health, but no instructions on this point have been issued, as I understand it is realised that in very many cases the laboratory and diagnostic X-ray facilities of the hospital are barely adequate to deal with the work of the hospital and would break down if they had also to deal with work referred to them direct by general medical practitioners.

Consultants appointed by a Board of Governors or Regional Hospital Boards can, if they wish, be considered as specialists who are prepared to undertake domiciliary consultations. In other words, a general practitioner can arrange for a consultant, who has indicated his willingness to do this work, to visit a patient in the home. For these visits a fee over and above the National Health Service salary is payable but there is an over-riding maximum on the amount that can be earned in this way by any one specialist in any one year.

The Minister of Health having acquired, by the National Health Service Act, a nucleus at any rate of the facilities necessary to provide the hospital service and having broadly determined how this was to be organized and how managed, something was needed to make the machine tick and that, of course, was money. The financial cost of the service is very great and is controlled or not controlled, according

to the point of view, by the annual votes granted by Parliament. The build-up of these votes or estimates is briefly as follows:—

The hospital authorities prepare in September an account of their estimated expenditure for the year beginning the next subsequent 1st April. These are submitted direct to the Ministry of Health in the case of teaching hospitals and the Ministry of Health via Regional Hospital Boards in the case of non-teaching hospitals, and subsequently the hospital authorities are notified of the amount allowed for the maintenance of the hospital during the financial year in question. Usually, of course, the amount allowed is something less than the estimated cost. In October of the financial year a revised estimate of the hospital expenditure of that current year has then to be prepared and changes in salaries, increases in prices, etc. are taken into account by the Ministry and, where appropriate, supplementary grants are made. During the course of the financial year, monthly statements of actual expenditure compared with the proportion of the estimated expenditure have to be prepared and submitted to the Ministry. Generally, in the revised estimate stage switches between different heads of expenditure within the overall total are permitted, except in the case of the grant for the repairs of buildings and plant. If any substantial switch between heads of expenditure were proposed the reason would probably be enquired into.

The above remarks apply particularly to the maintenance costs of the hospital. A separate estimate and accounts dealing with capital expenditure have also to be submitted but the method of control is approximately the same.

Having agreed the manner in which money shall reach the Hospital Management authorities, it is interesting to look at the extent to which the expenditure of that money is controlled in effect by the Ministry itself. All salaries and wages rates are fixed centrally by Whitley Councils. In addition, so far as most grades of staff are concerned, the establishment—that is, the number of staff the hospital authorities are allowed to engage—is also governed by the Ministry of Health. As something over 60% of the total cost of running a hospital is the cost of salaries and wages, one might say that the Ministry firmly control two-thirds of the hospital expenditure. In other items of expenditure, costs are outside the hospital's control, i.e. coal, electricity, gas, etc., while the Treasury Valuer fixes the amount payable by the hospital as a contribution to the local authority in lieu of rates.

This only leaves within the discretion of the hospital authorities consumable stores, e.g. provisions, drugs, dressings, furniture. But, again, as many of these commodities have to be purchased under central contracts entered into by the Ministry of Health, the type, price and quality of the article is fixed by the Ministry and not the hospital authority. It might well be asked what discretion is left to the hospital authorities. In the first instance, they do have very considerable powers of recommendation to the Ministry regarding the establishment and in most grades of staff, with the expansion of hospital facilities taking place, a request for permission to engage additional staff is usually acceded to. Again, although a lot of items have to be bought on central contracts, there are many of them that are not and the hospital authorities have considerable discretion in the type and choice of food, bedding and linen, furniture, and so forth. In the main the task of the governing authorities is to ensure that the hospital is well run and administered, to see that good food is purchased, properly cooked, attractively served. Although the Ministry of Health have issued Statutory Instruments and Whitley Council circulars by the hundred, memoranda for the guidance of Hospital Management Committees almost by the thousand, and the whole of which, since 1948, make a pile of documents some 4 feet high, nevertheless, surprising as it may seem, there is still a lot for Hospital Management Authorities to decide. The main puzzle, I think, for any hospital authority is to know what regulations have been issued by the Ministry. Even someone like myself who has been in the Service since its inception can have nothing more than a vague idea of what is covered by the various memoranda and instructions that have been received. Individual heads of departments may have a more intimate knowledge of regulations that have been sent to them, but the mass of documents is such that it is becoming increasingly difficult to keep track of all the directions the hospital receives.

There is no doubt that Boards of Governors enjoy more autonomy than Hospital Management Committees and, furthermore, by virtue of the fact that they deal direct with the officers of the Ministry of Health, they are probably in a better position to make their wants and needs known. The Regional Hospital Boards (although the original concept of these was that they should be concerned with the

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The Bacterium at the Breakfast Table

"Eat up your nice flannel," the clothes-moth is credited with saying to her child, "or you won't get any mink."

Bacteria have no mothers. They merely split into two, and it would puzzle even a Freudian to discern a mother-child relationship between the halves. This method of reproduction, besides sparing them many complexes, enables them to eat whatever they like. Nature, however, is a universal mother, and one of the old school; she sees to it that they eat the right things, or else.

I need hardly remind you that the bacteria which cause disease are very fond of battening on the likes of you and me. And what is it, you may well ask, that they find so delicious ?

Well, one of the things, which it seems we keep always on the menu, is known to biochemists by the insufferable name of...

If only we had space for the rest of this instructive medical essay, which appeared originally in The Times, *you could read it here. What we have got, however, is a collection of these diverting articles from the same celebrated pen. Would you like a copy of "The Prosings of Podalirius"? Just drop us a card at the address below.*

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G.H.G

broad planning of the service in the area allotted to them) have tended in varying degrees to interfere and lay down their own regulations in detailed matters of administration so that Hospital Management Committees have sometimes got their own Regional Board's regulations to cope with in addition to the regulations made by the Ministry of Health. Mr. Aneurin Bevan on one occasion when speaking about the National Health Service emphasised that it was his intention that control of the hospitals should be at the periphery and not at the centre and it is to be hoped that not only will the tendency for increasing central control be stopped, but that the position will be reversed and greater freedom be given to the actual Hospital Management Committees.

I am often asked what is the position with regard to the Endowment Funds held by teaching hospitals. The funds in the great teaching hospitals on the appointed day were retained by the new Boards who have discretion to use these funds for research or for the purposes of the hospital. This has undoubtedly been a great asset to teaching hospitals and was one of the most far-sighted alterations made to the original Bill. Freedom to initiate will usually lead to improvements and these Endowment Funds give freedom to the teaching hospitals to initiate. The Endowment Funds of the old voluntary non-teaching hospitals were pooled and the income thereof is now distributed to the Regional Hospital Boards and all Hospital Management Committees do, I think, get a share, although some part of these free funds is often retained by the Regional Hospital Board. The reason for this pooling and redistribution largely arose from the fact that the old public authority hospitals that were taken over with the voluntary hospitals did not usually have any Endowment Funds whatever and it would obviously have been inequitable if, for example, one of two hospitals in a town had substantial sums with which to provide additional amenities and the other had none. Unfortunately, in some cases, financial stringency is forcing hospital authorities to use Endowment Funds for providing necessaries in the hospitals. In other words, they are being used to purchase equipment, to pay staff, or to provide supplies which should properly be a charge on the Ministry of Health.

The Ministry of Health, concerned with the control of the entire Health Service, has obviously got to departmentalize the work and in turn there would appear to be a tendency to sub-divide the functions to such an extent that they are reaching the position when many many individuals at the Ministry are concerned to go into fine detail on one particular narrow aspect of the hospital service while the hospital administrator is trying to keep abreast of it all.

I am afraid that what I have been able to explain in the time at my disposal can only be an incomplete picture of the hospital organization service, but perhaps it has been enough to indicate the size of the service and the organization necessary to control it. I can only hope that the Ministry do not replace the freedom still enjoyed by hospital authorities by the issue of a book of regulations governing every possible or impossible contingency and then insist that such regulations have to be obeyed.

PSYCHOSOMATICS

Doggerel written by a young male patient approaching convalescence

The sweetest nurse I ever saw
Comes to our ward just after four
She always finds, as sure as fate
My pulse is running ninety-eight.

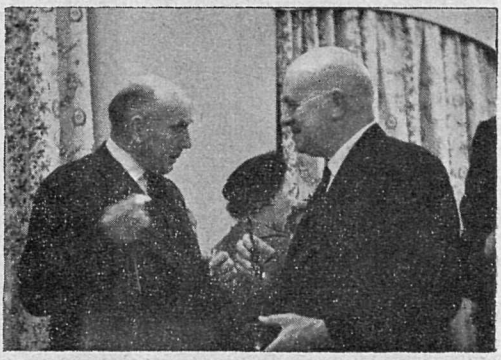
A Sister comes in later on
To check up the phenomenon
And strange to say, she finds the rate
Has fallen back to sixty-eight.

E.

CANDID CAMERA

Photographs taken at the combined cocktail party on 18th December for the retiring Consultants Emeriti, and the opening of the new Students' Club building in Newcomen Street.

Sir William Kelsey Fry
and
Professor M. A. Rushton



The Superintendent
and
Dr. E. J. Crisp

Dr. A. D. Marston
and
Dr. V. E. Lloyd

CHRISTMAS AT GUY'S

IT was about a week before Christmas that Guy's began to acquire that indefinable feeling, experienced early in childhood and never failing to recur each year, of the approach of the greatest festival of the year. By then the two great Christmas trees flanking the entrance to the Colonnade were in place, and the sounds of Christmas music echoing down from medieval times to the present day began to be heard from the direction of the Chapel. The ever-fresh service of Nine Lessons and Carols was held on 19th December, when lessons were read by representatives of all sections of the Hospital resident community, and our close link with Southwark Cathedral acknowledged by the presence of the Provost, the Venerable H. E. Ashdown, to read the final lesson of the Word made Flesh.

The thousand and one preparations to ensure that no detail would go astray on the great day were gathering momentum, sisters and nurses could be seen scurrying through the Park with large packages, the fruits of the wheedling of local traders and the driving of many a hard bargain. Evidence was beginning to present itself to the eye of the ward decorations which would appear miraculously on Christmas Eve and shine brightly for their brief hour of glory.

On Christmas Eve the hard labour of students and nurses in decorating the wards was rewarded by the traditional tea on the scene of their triumph, while at the same time an even more remarkable and more traditional tea was taking place in the Out-Patients Hall—the Landon Tea Party, at which some 200 Borough children between the ages of five and ten were entertained most lavishly. Apart from the tea, there were films, conjuring by our invaluable Mr. Dennis Yetman, and a benevolent and efficient Father Christmas who by his gentle speech suggested that the reindeer might have made their journey this year from South Africa. Last but far from least was community singing aided and abetted (it needed no encouragement) by Mr. Robin Gain. A certain Mr. Crockett, we understand, was helping Father Christmas this year and his song, as if in invocation, was sung at least twice with a gusto that makes the Hampden roar like the sighing of the wind.

CHRISTMAS DAY

For the nurses, at least, Christmas Day is a very full 24 hours : 24 hours not only of celebration of Christmas, but of service to their patients to whom the absence of their own family and hearth requires attentive compensation, and service to the many guests who are all made welcome and entertained in the proper Christmas spirit. This year, as always, the day began for many with the midnight service in the Chapel, and a large number saw their beds for very few hours before setting out in two parties to bring in the dawn with the sound of carols. The first call of the carol-singers was to the Central Kitchen, to serenade those who had worked there throughout the night to ensure that our Christmas fare would be of the best. The parties then made their way round the wards, and to many patients, we know, the memory of those carols sung to them by this red-cloaked choir of nurses (aided by some equally hardy students) will remain the richest of this Christmas. Before long came the troops of visitors, the exchange of greetings and presents from ward Christmas trees, chapel for many of the patients and later their tour round the wards to view the decorations. Diets were mostly thrown to the wind for the day, and ulcers seemed none the worse for a little tickling with turkey and plum pudding, while many of the diabetics had been thoughtfully provided with some extra insulin. The quality of the dinner could be judged by the sonorous snores which accompanied the dinner for the nurses and their guests after the patients had had their fill, and this post-prandial somnolence was in no way disturbed by the riotous noises coming from the table. The Christmas Show was attended by the medical patients after tea ; and later in the evening the tired sisters and nurses could at last let their hair down at the ward bone-picking parties, where cold turkey was devoured with suitable lubrication and often hilarious entertainment.

THE WARD DECORATIONS

At Guy's the decoration of the wards is an integral part of Christmas, and we were pleased to hear from a visitor from the United States how very taken he was with them, not having met anything of the kind at home. For practical reasons they have an ephemeral life of only about three days, but this does not deter anyone from conceiving and executing the most ambitious schemes. This year there seemed to be less help from outside, of which we were glad, for generous though many commercial enterprises have been in providing material there is always more satisfaction in the results of one's own amateur efforts. Not that any of the results this year could be described as amateurish ; we were amazed at the variety of new ideas, and were impressed with the fact that the most successful wards were often those with a simple theme worked out with style, and not overcrowded.

For those who decided to begin their tour in the Colonnade, *Dorcas* immediately set a high standard with ' The Twelve Days of Christmas '. The appropriate musical quotations and models of the twelve gifts were set in series round the ward, with the nine ladies dancing catching the eye at the far end of the ward as one opened the dor. Music was audible as well as visible in *Sarah Swift*, which was decorated as a record shop, and had possibly borrowed from the Diaghilev Exhibition the delightful idea of installing a loudspeaker in the figure of Father Christmas. There was much to admire here, and visitors were somewhat surprised to find a bespectacled male patient, complete with gumboots, in one of the beds. *Astley Cooper* was transformed into an Arctic scene with many snowy tableaux, but this did nothing to detract from the warmth of the welcome there, while *Queen* gave us all the grace of the ballet with their predominantly blue-green ' Swan Lake '. *Lydia*, disguised as Soho, with tempting-looking espresso bar and delicatessen shop, and a distinctly shady Ying Tong restaurant, was nevertheless quite safe to visit at night. *Job* provided a more respectable view of London, taking ' Oranges and Lemons ' as its theme ; it was tastefully and enchantingly decorated with the bells of the song, a soothing respite for those who had emerged from the aviary of *Christopher*. This represented the opposite extreme, but again had been done with style and unity. From all around the visitor was gazed upon by a variety of strange birds ; the *pièce de résistance* was an immense peacock made, it seemed, almost entirely of wallpaper, whilst the most ingenious was the Sisterscope bird and the most disarmingly personal the owlish George bird. The possibilities of Siam had been well explored by *Luke* and this prepared one for the hop still farther east in *Theatres* which took us to a picturesque Japan, with almond-blossom, lily-pond and dragon. We should perhaps say here that this was but one of many places where live goldfish featured in the scene, and that we hope that no current research work has been vitiated by the strange medication which some of the experimental animals received over Christmas. In the Surgeons' Room the lockers had been embellished with personal rhymes and seasonable sprigs of greenery ; the rhymes were excellent, but we felt that, together with the secret as to which surgeons were favoured with mistletoe, they were a jewel that should be reserved for the enterprising visitors and not published to the world in general. The tour of the Surgical wards ended at *Patience* and *Samaritan*, where decorations illustrating Christmas carols and songs wisely disposed of the problem of imposing a unity upon this pair of wards under the eves of the most venerable block in Guy's.

Those who wanted further fun at the expense of the surgeons of the Hospital, took themselves to *Nuffield House*, where the Theatres contained some brilliant caricatures in the context of the Olympic Games. A and D Floors made a good show of their themes of Alice in Wonderland and Dick Whittington respectively, while B Floor was a most professional-looking Piccadilly Circus tube station, complete with Eros for good measure. Walt Disney provided the inspiration (but none of the material, which was all home-made) for C Floor which was delightfully decorated with figures of Disney characters and two excellent murals of a typically Disney fairy castle and thatched cottage.

Snow White featured again in the *York Clinic*, which also included a carnival and a travel agency in its attractive schemes.

In Hunt's House, *Ruth* had some bright ideas with ' I Spy ', including a largely scandalous illustrated alphabet, elephant-rides and some mobiles which deserve to become a permanent fixture somewhere. *Barnabas* exploited to the full the theme of a J. Lyons establishment, with plenty of local jokes (" We have GIANT lollies "). The first, and to some, no doubt, most lasting impression of

Addison was mistletoe, which hung in great profusion from every conceivable fixture. When the visitor had reluctantly disentangled himself from the welcome of these hostesses, he had but a step to go to reach the fabulous world of Aladdin in *Victoria*, and could gradually regain his senses among the more homely symbols of English sentimentality in Division II, which housed Peter Pan and his friends, and where if he could really convince a nurse of his belief in fairies, Tinker Bell herself would be brought back to life before his eyes. In the two divisions of *Mary* an Olde Worlde village was contrasted with modern urban life in a scheme which included many elaborate models, the best of which was a church with detailed stained-glass windows that looked most striking when illuminated from within. The upper atmosphere of *Wilks* was rich with snowflakes, and the central feature was a crib incorporating effectively dressed plaster-of-Paris figures. *Bright* scored a great success with 'The Wind in the Willows' including large figures of Toad and Badger and a palatial model of Toad Hall. On the third floor enormous clowns and graceful animals invited one in to the *Caleb* and *Diplock* circus, where the usual riotious Christmas was spent. *Miriam* and *John* were ingeniously converted into the London markets, with most realistic wares in 'Smithyfield', Petticoat Lane, Borough Market and Billingsgate. He who struggled to the top floor was well rewarded by a trip from London to Paris in *William Gull*, where the special features of the ward were cunningly turned from liabilities into assets. At the entrance one was greeted with two B.O.A.C. model aircraft and some most inviting travel posters ; the male division represented London, with the clock encased in the framework of Big Ben and a most convincing view of the dome of Saint Paul's in an end cubicle (but 'Houston station' is the most appalling pun we have encountered for a long time !), while the female division served as Paris, with the various recesses curtained off as the Moulin Rouge and other delectable spots.

Front Surgery was gay despite having to cater for a large clientele, and the *Out-Patients Hall* managed to accommodate both decorations and a curtained stage for the Christmas show.

THE CHRISTMAS SHOW

Since this entertainment was revived by Mr. Frank Ellis it has gone from strength to strength, so that this year it was decided to erect a well equipped stage for it. As its standard has improved, so is one bound to raise one's standards of criticism, even allowing for the fact that this professes to be no more than an entertainment provided with the minimum of organization and the maximum of improvization. To get our strictures off our chest first, the show was allowed to be much too long. The commonest fault of the slickest of entertainments of this kind is slackening of pace ; here there was really no pace to slacken. Two and a quarter hours in conditions that are hardly comfortable even for the lucky minority with seats is far too long—half the time would have been much better. In future we would like to see the show ruthlessly pruned in the early stages of planning ; for instance two conjuring acts—good though those of both Mr. Yetman and the Misses Pat and Shirley Clark are in their different styles—are one too many, and the repetition of the joke of miming to records was only just saved from labouring the point by the brilliance of the Hawaian act. True, the failure of the amplification system at the last moment on the day the writer saw the show was cruel luck, but it is rather alarming that so many performers should be incapable of making themselves heard without a microphone in a comparatively small hall.

This criticism is offered in a constructive spirit ; we hope we will not be accused of carping, for most of the show was extremely good, and was adored by the patients. Mr. Ellis, as compère, and the company in general, had gauged their audience well and did not patronize or play down to them. Whenever Mr. Yetman or Mr. Malcolm Tuddenham were on the stage, things went with a swing, whether it was in the Policeman's song from *Pirates* or Messrs. Cullinan and Drury's 'A Barrow in the Borough' in which Mr. Tuddenham, forgetting the words with impunity, scored a tremendous hit. These two showed that personality mattered far more than material in a show of this sort. On the other hand the sketch 'Reflections' was such poor material that nothing could redeem it (this choice *was* rather an insult to the audience !). The operating scene is presumably a 'must' for this kind of occasion, but this one seemed to err on the side of the gruesome (was the reviewer beginning to develop a hangover or has he been away from surgery too long ?). One of the finest things was the imitation of the Beverly Sisters by Messrs. Horgan, Hawley and Hayes, who, dressed in wigs, grass skirts and the only other essential, mimed one of the Beverly Sisters' Hawaian songs to a record. This was brilliantly timed, perfectly judged caricature, and richly deserved

its encore. The Clinical Ensemble (clarinet, flute, guitar, banjo and washing board), provided some rather tepid jazz ; but we must digress for a moment to say what a splendid contribution this group has made to innumerable parties over the Christmas season—the Christmas Show was just not the right place for them. Mr. Mike Woodman gave us some excellent impressions of film stars and impressarios ; here was real talent, and it was interesting that, intimate though the nature of the act was, he was little hampered by the absence of the microphone.

Mr. Bernard Coleman had written a good new song entitled ' Academical Lament ' which provided a touch of sophistication for the Hospital section of the audience, and the show could not have ended better than with Mr. Cullinan's ' If I were not ', which has become a classic in its own time. Mr. Mike Vickers was his usual ingenious self in performing the intricate job of accompanying this kind of show, Mr. Robin Gain was Stage Manager and Miss June Squire Wardrobe Mistress. The whole performance had been a tremendous labour of love by everyone concerned, and particularly by Mr. Ellis, the producer, inspirer and organizer, and they have earned all the gratitude which we know their audiences have felt.

L'ENVOI

Another Christmas at Guy's has been a success : it is unthinkable that it should not be. It has been so through the devoted care of literally thousands of people who have worked hard and selflessly. It is impossible even to mention them all : some have appeared in the above account, many have not. If the writer may speak personally for a moment, as one who has passed an enriching Christmas here, he would like to express his warmest thanks to those on whom the greatest burden would seem to fall, and to whom perhaps more than any others, the special quality of the occasion is due—the Sisters. They were never less than magnificent, and have earned our praise and admiration.

A PATIENT'S VIEW

By E. STEPHENSON (*John Ward*)

In the early hours of the morning I awoke with the distant voices of carol singers, and as it grew nearer, and eventually in the ward, it was the Nursing Staff. That to me, lying in bed, was really the perfect beginning to Christmas Day.

After undoing the string to the Christmas stocking attached to the bottom of my bed, I was really amazed at the contents, which all are useful to any patient.

Breakfast came along with a decorated tray, and although I'm on a diet, it was really enjoyable. Breakfast over I was given a present from the Christmas tree. This was, I believe, supplied by the Guild of Ex-Patients. I must state here the really good job they did in giving presents not only me but to all in Guy's. The presents were given out by our patient Santa Claus assisted by the Ward Sister and nurses.

When Christmas dinner time arrived it was served by our bustling nurses who ensured I had my usual dinner and as usual kept to my diet, after which came the drink (for me a cup of tea), but I did enjoy my usual Christmas cigar. I spent the afternoon relaxing and chatting to my fellow patients.

The evening came and I went along to the concert given by Guy's Staff. For nearly three hours I sat and really enjoyed myself. I must say the talent was really first class especially by the chap who impersonated Matron. He has the making of a good career if he does not make the grade of doctor. Yes ! I really enjoyed the show.

After a nice day I retired to bed after a short evening service with a few Christmas carols. Christmas Day ended and sleep came to my enjoyable day.

CHRISTMAS AT THE EVELINA

As a new arrival at the Evelina at the beginning of this month, I was handed, for my attention, a variety of printed and typewritten documents peculiar to hospitals. Among these I found two typed foolscap sheets headed " Christmas Arrangements 1956 ". I discarded the others, perhaps for perusal later, and studied this particular piece of literature with some interest. By the multitude and variety of functions, it was obviously going to be some Christmas for everyone.

Festivities began on 28th November, with a carol party in Out-Patients Hall, to which Miss Duncombe and Sister Cohen invited all members of the hospital staff and their friends.

On Wednesday, 19th December, many of the staff went over to Guy's to join in the service of carols and nine lessons in the Chapel.

The following day we had what has come to be known as the " Holloway Party ". The " Prince William Henry " Public House in Blackfriars Bridge Road, has for some years been collecting money for the children. The Landlord, Mr. Holloway, and his customers this year collected £85, and with this money brought a ready made party to the surgical wards. Each child was given a giant size carrier bag, full of presents. The boys had a train set, complete with signals, station and marshalling yard, a gun and a trumpet. Each girl was given a walking, talking doll, and the toddlers had soft toys. In addition each child had colouring books, crayons, reading books, a box of dates, chocolates, oranges, apples, grapes and nuts. The nurses were given a pair of nylons and a box of chocolates. Entertainment was provided by a ludicrous collection of clowns, who in their spare time time are customers at the " Prince William Henry ".

Friday, 21st December, saw the Out-Patients Children's Party. This is run on the same lines as the Landon party. Fifty children, who have attended the hospital at least five times during the year, and who have not been to the party in the last three years, were invited. Sister Logan of the Casualty Department, elected the fortunates from some hundreds of hopefuls, and much to the disgust of some of our more crafty young friends, was in close liaison with Sister Goodman to ensure that children were not asked to both the Landon and the Evelina parties. The Out-Patients hall was gaily decorated with illustrations from Nursery Rhymes, and there were also some amusing caricatures of the nursing staff drawn from life. The youngsters arrived at 3 p.m. and were soon attacking with relish the enormous spread. A large band of willing helpers, including two police-women from the Borough Station, nobly fed, watered, and kept the peace. After tea, the children were entertained by Uncle Leslie with his Punch and Judy Show and some conjuring tricks. The funds for this party were provided by the " Lions Club "—the local Rotary.

This was followed by a most welcome cocktail party given by the Almoner, Miss Tucker, and the Medical Secretary, Mrs. Hodson, at which the rigours of the children's party were quickly forgotten.

Christmas Eve found the hospital busy erecting the decorations, which the nurses and students had been industriously preparing, and a wealth of hidden talent appeared. The surgical wards emerged as a Railway Station, complete with an engine and tender made by our neighbours the fire station, and conveniently constructed to carry children of unusual size. *Rothschild* most effectively employed the Highway Code, *Charlotte* was the Spirit of Christmas, and *Evelina*, Lady and the Tramp. *Theatres* considering it not politic to call their wayside inn " The Salmon's Leap ", eventually invented " The Crooked Surgeon ". The dresser's party at 4 p.m. in the tonsil ward was a great success and this was quickly followed by a cocktail party given in the Physiotherapy Department by the staff of the Pathological Laboratory and the Dispensary. Many people went out to the Midnight Services, and after hot drinks, we all retired gratefully to bed.

Christmas Day started in the traditional way at 6.30 a.m. with red-cloaked nurses carol-singing round the hospital. The children had enormous stockings, and were busy early untying in a few minutes the innumerable parcels that the night nurses had been industriously packing up for many hours. The beds were strewn with dolls, guns, trains, soldiers, cars, fruit, nuts, sweets, books and paints, and the floor with balloons, paper, string, and yet more toys that overflowed from the beds. At 11 a.m. Miss Duncombe resuscitated the Doctors and Sisters, who, fortified, returned to the wards for the Children's Christmas Dinner. Doctors and Nurses had their Dinner at 1 p.m., while the Sisters coped with rather excited over-full little people in the wards. At 3.15 p.m. Father Christmas arrived and distributed presents to the Staff and Children from the Christmas trees in each ward. One child was heard to remark—" I don't know who Santa is, but he's drunk". A little unkind to a most excellent Saint Nicholas. The evening saw the traditional bone party which was much enjoyed.

Boxing Day morning allowed of some time to recover, the only social engagements being a mid-morning coffee party—but in the afternoon we were off again. The Consulting Staff and friends of the hospital were asked with their children to a party at 3 p.m. The young hopefuls joined with the ward children in watching Uncle Leslie and his nephew with more of their black magic and Punch and Judy, which, as always, was greatly enjoyed. After the entertainment the visitors went

down to tea in the Out-Patient Department. Patients' parents then sat down to a big spread with their children in the wards.

The sisters' dinner was held the next evening and was followed by a visit to the theatre.

The generosity of many friends particularly at Christmas time is greatly appreciated. Presents in kind and cash have poured in from all sources. Large organizations, such as Anglo-Iranian Oil Company, Banks, numerous Pubs, and and various Philanthropic Societies, and many individuals too, have pressed gifts, large and small, and all have added greatly to the enjoyment of Christmas. The local G.P.O. Sorting Office are always kind to us and pass a fire bucket round each year for contributions. In the past, they have given T.V. Sets and Record Players to the wards. This year's collection runs into three figures and will be used to help erect a solarium for the children on the roof of the hospital. Friends from afar have also remembered us. The Officer Commanding Christmas Island asked for the names of fifty children, and toys from a London Store have arrived with labels personally addressed by the troops out there.

1957 is now with us and we hope that all those both far and near who helped to spread the Spirit of Christmas at the Evelina, have a happy and prosperous New Year.

P.J.S.

MUSIC CLUB CONCERT

On Tuesday, the 11th December, the Music Club presented its Autumn concert in the Chapel. The items were *Requiem* by Fauré, *Suite No. 2* by J. S. Bach, and parts of Handel's *Messiah*.

When amateurs attempt works which have been repeatedly performed by many leading artists, direct comparison of the standards achieved is neither fair nor practicable. Rather, one must attempt to evaluate each point relatively to what might have been achieved with the resources available.

On this standard the chorus work was the outstanding success of the concert, which is as it should be, since they are the majority of the performers, and represent the bulk of Guy's talent.

In the *Requiem*, they sang accurately and clearly ; any individual line could be easily followed, and the diction was excellent. Some exceptionally good tone was produced by the tenors in their beautiful solo line 'Requiem eterna,' and the whole choir gave the impression that they knew what they were doing. In particular it was refreshing to see that the chief fault of previous concerts, namely of failing to look at the conductor, had been largely overcome. The orchestra and organ gave adequate accompaniment without being inspiring. Probably, solo organ accompaniment would have suited the tone and atmosphere better, particularly as the orchestra took a disproportionate amount of Mr. Voos's attention, so that the choir often looked in vain for guidance.

There were two main aspects of the interpretation with which I disagreed. Firstly, tempi ; it was a very speedy performance, and this was very obvious in in the 'Pie Jesu', in which Joy Strutt literally had no time to sing with any feeling or phrasing, though she obviously had the ability. Her tone and intonation were good. Secondly, never once did the choir achieve any real pianissimo singing, thus limiting the range of expression.

The baritone, John Winter, sang pleasantly and effortlessly, allowing the serenity of the music to express itself.

In the Bach Suite the orchestra was scaled down to flute and string quartet, giving only one instrument to each part. In such conditions, intonation plays a prominent part, and it was here the chief faults lay, the 'cello and viola being the chief offenders. James Adams, 1st Violin in the quartet, and leader of the orchestra, always played confidently and well, and Robert Sills showed dexterity in the difficult flute passages.

And so to the *Messiah*. At this point the orchestra seemed to come to life ; possibly it was because the music was more familiar, but in any event they seemed full of confidence, and played with improved tone and phrasing, and were a joy to hear. The choir too seemed brighter, and sang all the choruses well, except " Glory to God " which was indecisive, rather muffled and not entirely accurate with regard to note length.

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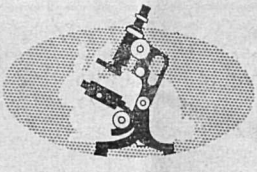

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The chief criticism of the interpretation that I made, was again the tempi. This time, in general they were much too slow, and sounded ponderous in this " post-Sargent era." Ronald Archer sang the tenor items. He had a pleasant voice but lacked the experience and technique to " put over " these difficult numbers really well, and the same could be said in varying degrees about the other soloists, Diana Herdman, contralto, Joy Strutt and Judith Bennett, soprano, and John Winter, baritone. All sang pleasantly, but none outstandingly.

The move from the Physiology theatre to the Chapel suited the content of the concert, and accoustically was a vast improvement. The organ, in the capable hands of Roger Jacobs, was of undoubted assistance.

The attempt to dispense with professional help in the orchestra and among the soloists is encouraging ; the Music Club must try to present the talent actually within the hospital if the sphere of interest is to widen.

The most courageous innovation was the substitution of a professional conductor by two students. I know they will agree with me when I say that nowhere is the discrepancy between professional and amatuer more striking than in conducting choir and orchestra. So it is all the more creditable that Jean-Pierre Voos and Martin Bailey did as well as they did. They had obviously put in a great deal of hard work with the choir, who, as previously commented, were the outstanding success. Nevertheless, it was my prevailing impression that a professional conductor would have got more out of the choir and the soloists, all of whom sounded as though they could have performed much better than they did.

Despite this, congratulations Music Club on another enjoyable concert. What a pity that, once again, support from within the Hospital was so meagre.

M.D.V.

CORRESPONDENCE

Letters to the Editor of the Gazette

Boric Acid, Fruit and Posteriors

From Dr. Ronald Mac Keith

SIR,—1. Tudgay is right and I am wrong about boric acid being used as a preservative for fruit during the last war.

2. My clinical impression is that a teaspoonful of finely powdered boric acid, sprinkled between the layers of the napkin, put on at night-time, leads to a speedy resolution of most napkin rashes. Dr. Tudgay's impression is the reverse. I hope that someone will make some controlled observations and resolve our present disagreement.

3. Dr. Tudgay may well be right about sodium citrate but will he please expound his statement that it " raises the *p*H of the urine and interferes with the bacterial metabolism " ? We have in ammoniacal dermatitis a skin disorder resulting from bacteria acting to make the urine strongly alkaline, and

I remain, Sir,
your humble and obedient, but as yet intellectually
dissatisfied servant.

R. C. MAC KEITH.

Natural History of Disease

SIR,—The late J. A. Ryle said in his *Natural History of Disease* (2nd edition, page 24) and, I believe, in your *Gazette* Vol. XLVII, page 421 (1933). " . . . I was conversing with an old Guy's friend . . . on the subject of plant scents, a subject to which he has devoted much study and some pleasant writing." Do you know who this friend might have been ?

Geriatric Unit,
Southampton General Hospital,
Southampton.

Yours etc.,
JOHN L. STRUTHERS.

EDITOR'S NOTE.—Ryle's *Natural History of Disease* consists, of course, largely of reprints of articles and his Clinical Lectures in Guy's. This characteristic chapter on " The Training and use of the Senses in Clinical Work " was first published as a *Gazette* article. We shall be most interested to know if anyone can answer our correspondent's question.

Poliomyelitis Vaccine at the Evelina

SIR,—As some of your readers will be aware, a small part of the Medical Research Council trial of antigenic activity of British polio vaccine took place at the Evelina Hospital. A report on the efficacy of the vaccine in respect of all the triple negative children is shortly to be published. We thought, however, that your readers might be interested in the extent of the immunity already present in our group. These results are available through the kindness of Dr. D. G. Evans of the Medical Research Council, and are as follows:—

To types 1, 2 and 3	64% of 56 children
To types 1 and 2	4%
To types 1 and 3	9%
To types 2 and 3	7%
To type 2	4%
Triple negative (no immunity)	12%

In so far as the subjects were a random selection from those attending the Casualty Department, they cannot really be considered entirely representative of Southwark children. It is interesting, however, that a similar group at Tite Street, showed a much higher incidence of triple negatives.

Yours etc.,

D. O'BRIEN.
PATRICIA KENNY.

The Hospital for Sick Children,
Great Ormond Street,
London, W.C.1.

Sir Thomas Browne

SIR,—Whilst reading a day or two ago the account of Thomas Hodgkin's tomb in one of your issues of last September, I was reminded of the monument at Norwich to the author of *Religio Medici*, with its almost illegible inscription. There is good authority (*vide* Everyman edition) for thinking that *Religio Medici* was written at Shilden Hall, New Helfan, where, many years ago, I had the privilege of attending, far apart from its association with Sir Thomas Browne. It is a very fine old Elizabethan mansion. Last Summer I paid my first visit to Norwich largely as a kind of pilgrimage to the tomb of Sir Thomas Browne, though I was unable to trace the actual tomb in the adjacent church where he is reputed to be buried. His monument, however, as many will know, stands out clearly enough, though the inscription is now well-worn. What I should like to emphasize is that, whilst we often play lip service to the author of *Religio Medici*, and on occasions quote some of his quaint archaic English, yet many thousands must stare at him every year and wonder who he is. Perhaps someone could induce the local authorities to have the lettering of the inscription re-cut, and so restore this humane and loveable member of our profession, if not to the notice of the general public, at any rate to that of thousands of doctors of all countries who may happen to visit Norwich.

Incidentally, and rather *mal à propos*, is Hodgkin's Disease on the increase? I seem to have a "hunch" that it is.

Yours etc.,

G. L. DAVIES.

Missenden Lodge,
Withdean Avenue,
Brighton, 5.

Rugby Reports

SIR,—I think my sentiments would be shared by a very large number of Guy's men if I said how much the fortnightly issues of the Gazette were enjoyed, providing as they do a real and constant link with the Hospital. It is particularly interesting to the more recent ex-Guy's men to hear of friends pursuing the usual clinical, sporting and social activities.

However, may I express a note of disappointment, and in doing so echo a plea which has appeared quite often in the past in your pages. When are we going to hear what the Rugger team has been doing on Saturday afternoons? The only information which has been available recently has been some bald statement of the score in the National press. A few weeks ago I read a small announcement—so small, in fact, that I may have been mistaken—which indicated that Guy's had been beaten by University College Hospital. It is, perhaps, better that little should

be said of such a tragedy, but one might have expected a letter from the Captain, hotly denying it, or a report which reassured, by telling us that Guy's was represented by the Tankards. I know that it is often difficult to persuade people to write reports—particularly of away matches—but let no player be so modest as to fail to describe a spectacular try which he has himself scored. The authors are anonymous.

I am delighted to read news of the Archery Club, and the ladies' splendid victories at hockey and lacrose, but please, may we hear more about the Rugger? After all we are the most Senior Rugger Club in the world.

Yours etc.,

ROBERT K. KNIGHT,

Officers' Mess,
32nd Inf. Div. Signals Regiment,
Sobraon Barracks,
Colchester.

FILM REVIEW

OPEN INJURIES OF THE HAND

16 mm. Sound. Colour, 2 parts, each 25 minutes. Great Britain, 1956.
Medical Adviser : PATRICK CLARKSON, *M.B.E.*, M.B., F.R.C.S.
Sponsor : I.C.I.

Content : This film has two parts, each about 25 minutes long. The first part is designed for senior medical students and house surgeons. The second part for graduate surgeons in training.

The film deals with primary repair of hand injuries. These comprise 30 per cent. of accidents treated in hospital casualty departments. Nearly all of them can be ambulatory patients. The film deals with lacerations and contusions and shows how they should be dealt with by local anaesthetic and the repair, being well illustrated. Towards the end of the film the commentary re-capitulates the lesson. It might have been helpful to have this recapitulation set out as printed sub-titles.

The second part of the film deals with various grafting techniques to be used in the immediate repair of open injuries to the hand. The techniques are well illustrated and the occasions for the use of each are stated.

The photography is good. The colour in part one was not perfect, being over exposed, but this may well have been the print. On the whole the production is very good indeed.

My chief comment is that like many I.C.I. efforts, the film contains so much that it will be difficult for many people to retain much of its lessons. Perhaps some visual presentation *in words* of the underlying ideas would have helped to convey the structure and so the lesson of the film. Students would have to see the film several times to get its full content.

I think it would be wiser not to show the second half to undergraduate students on the same occasion as the first, but to restrict it to postgraduate students or, if undergraduates are to see it, to let them have time to take it in.

Part 1 will indeed be useful as a revision film. I am not entirely sure in relation to its use for junior dressers. Good students will profit ; the less bright student may be overwhelmed by the mass of information . . . a pity, for they are the people who particularly need every aid to learning.

I wonder whether, on a similar occasion, the I.C.I. Unit could contemplate making from the material they shoot, a set of several short films, say five 10 minute films and then *also* a 25 minute revision summary, comparable to Part 1 of this film. I wonder also whether I.C.I. should not employ a triumvirate, adding to the cinematic and scientific experts in their films production team, *an expert on teaching by film.*

I am sure these two films will bring lustre to the repute of British Surgery.

Addendum. Since seeing the film I have seen the new I.C.I. film "Orthopaedic Gaits". The tempo of the first half of this I.C.I. film is slow and steady and will be of real help to other slow learners as it was to me.

R.C.M.

REVIEWS

Refresher Course for General Practitioners: Third Collection, 1956. British Medical Association. *Price* 25*s.*

Readers of the *British Medical Journal* have probably appreciated one series of articles more than any other during the last few years. The 'Refresher Course' articles have been short, well planned synoptic sketches of their subjects—each written by an acknowledged authority. The two previously published sets have taken their places on the bookshelves of many doctors and students other than the G.P.s for whom the series was intended. This, the third series, contains the text of a set of articles which were published during 1952 and 1953. All of these have since been revised thoroughly in the light of recent advances and the resultant book is, to this reviewer, the best of a good trio.

The standard is so high that it is almost invidious to select any of the articles for special mention. There are however a few *tours de force* and nobody should miss the sections on *Treatment of Burns* by J. P. Bull and D. M. Jackson, *Rheumatic Fever* by C. B. Perry and *Head Injuries* by D. W. C. Northfield. In addition the note on *Resuscitation after Drowning* by E. J. Gordon Wallace gives a well-written summary of the usual methods with special emphasis on the Holger Nielsen technique which should be known by every doctor, nurse and student. *Injuries to the Back* by E. A. Nicoll, *Anticoagulant Therapy* by H. Payling Wright, *Carcinoma of the Breast* by H. J. B. Atkins and *Intermittent Claudication* by J. B. Kinmonth are all valuable essays on topics of great general interest.

This book can be recommended most strongly to people in every branch of medicine and to clinical students who will find here the answers to a host of practical and examination problems.

P.S.B.

Disease in Infancy and Childhood. By RICHARD W. B. ELLIS, *O.B.E.*, M.A., M.D., F.R.C.P. 2nd Edition, 1956. E. & S. Livingstone Ltd. *Price* 50*s.*

Professor Ellis's text-book received considerable attention when the first edition appeared five years ago for it was noted as being a book which dealt with the subject on a wider and more philosophical basis than any previous work of its size. Because of the manner of treatment it has been regarded by students and the newly-qualified with mixed feelings. As a guide to the subject of childhood disease it is without peer and it is unusually easy to read. For the examination candidate however it is not a quick or an easy source book. If the student will read the text in a leisurely manner during his paediatric clerkship and absorb the author's approach to children's diseases then he cannot fail to benefit. It is one of the few undergraduate text-books which is of value to the qualified man. Surgical trainees in particular will find this to be the most satisfactory book for their needs, while general practitioners will learn much of great value about the importance of environmental and constitutional factors. Congenital malformations are discussed more fully than in any other standard work and the text and illustrations are uniformly helpful. The early diagnosis of some conditions is sometimes inadequately stressed and a glaring example of this fault is demonstrated in the passage on congenital dislocation of the hip.

This new edition has been very extensively revised and much new material has been incorporated. The large number of minor errors of spelling and punctuation which have eluded the proof readers of the last edition have been eliminated this time. The illustrations (333 of them) and the standard of production are quite excellent and, with this edition, the author and publishers can be well pleased. There is no better book on the subject and this edition will be appreciated by students and their teachers alike.

P.S.B.

Full Dentures. By GEORGE ALEXANDER LAMMIE, Ph.D., B.Sc., H.D.D. Blackwell Scientific Publications. *Price* 30*s.*

In the preface the author informs us that this book is intended to be complementary to a book on partial dentures written by himself and Professor J. Osborne but is this sufficient justification for writing a book ? This book is produced for undergraduates who are already bewildered by quite an extensive

library on this one subject and one has the feeling that this new addition shows no new approach to the subject as a whole nor does it describe any new techniques in particular.

This is a well written, well produced book, perhaps erring on the side of brevity and it would definitely be improved by having many more illustrations and a bibliography. There is an excellent chapter on "Patients' Complaints" in which each of the more common complaints is described, diagnosed, cause explained and treated.

An error which requires correction in future editions is the confused use of the terms "articulation" and "occlusion" within a few pages of their having been defined.

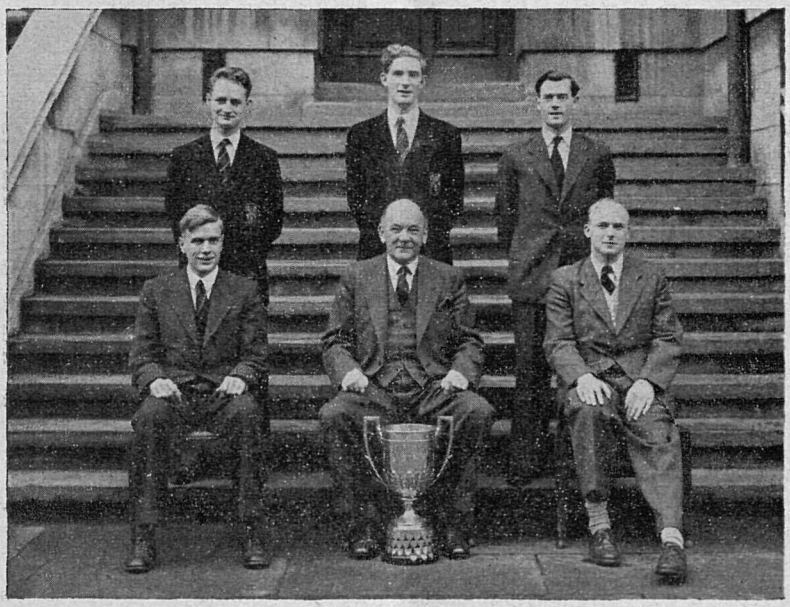
Although this review appears to be rather harsh it is directed against the production of the book at all rather than the way in which it is presented. It is a useful textbook for undergraduate students, a replacement perhaps rather than an addition, a "may" be read rather than a "must".

H.B.F.

SPORT

GUY'S HOSPITAL RIFLE CLUB

Winners of United Hospitals' Challenge Cup, July, 1956



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The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital London, S.E.1, to whom applications should be sent not later than **Thursday, 31st January, 1957.**

Applications are invited for the post of **Registrar in the Department of Clinical Pathology** at Guy's Hospital, with duties from 1st January to 30th September, 1957.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **10th January, 1957.**

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NURSING NEWS

Left : Sister Ashworth on 12th December, 1956.
S/N M. Shirley.
S/N T. Bedford (*Evelina*).

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Henry Richards, M.B., B.S., Tema Development Corp., P.O. Box 23, Tema, Gold Coast.

BIRTHS

BALL.—On 23rd December, 1956, at The Central Middlesex Hospital, to Margaret (née Raddall, S.R.N.), wife of David Ball, M.B., Ch.B., D.A., a daughter (Jane Elizabeth)

LUDER.—On 25th December, 1956, to Shirley, wife of J. Luder, M.D., M.R.C.P., D.C.H., a son, Robert Irvan, a brother for Anthony.

VAUGHAN.—On 12th December, 1956, at Southlands Hospital, Shoreham, to Pamela Elizabeth ("Pip") (née Persson, S.R.N.), wife of Peter L. Vaughan, B.D.S., a son (Guy Robert).

MARRIAGES

MARTIN—WHITEHEAD.—On 8th December, 1956, at St. Francis Church, Crawley, Patrick Martin to Margaret Whitehead, S.R.N.

SAGORIN—MAGID.—On 5th August, 1956, in Durban, South Africa, Leonard Sagorin, M.R.C.P.(Edin.), D.C.H.(Eng.), to Pauline Magid.

WILKINSON—COGHILL.—On 1st January, 1957, at Highfield Congregational Church, Rockferry, Ronald James Wilkinson, Jesus College, Oxford, to June Christina Coghill, S.R.N., S.C.M.

BURMAN—MARSOM.—We regret an error in our last issue in the announcement of the marriage of Michael Burman to Audrey Marsom, S.R.N., where Miss Marsom's name was misprinted as Marsoni.

DEATH

HARRIS.—On 27th December, 1956, at 107, Thurlow Park Road, West Dulwich, Thomas Alexander B. Harris, M.D., F.F.A.R.C.S., aged 59 years.

EDS. { P.S.B. T.W.H.

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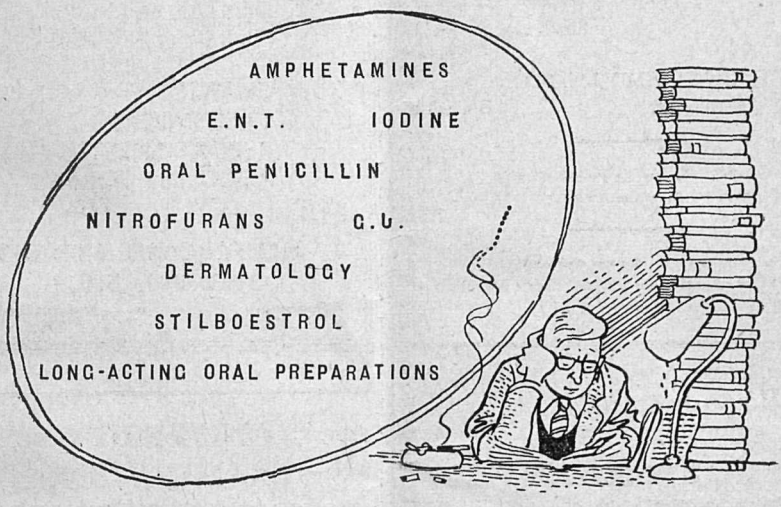

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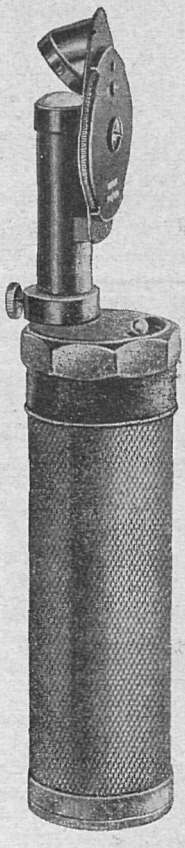

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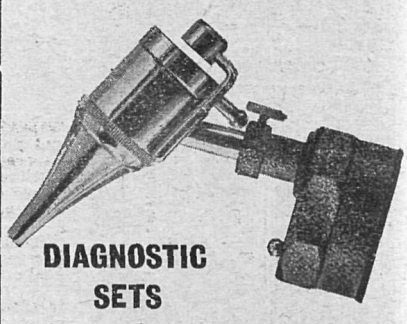

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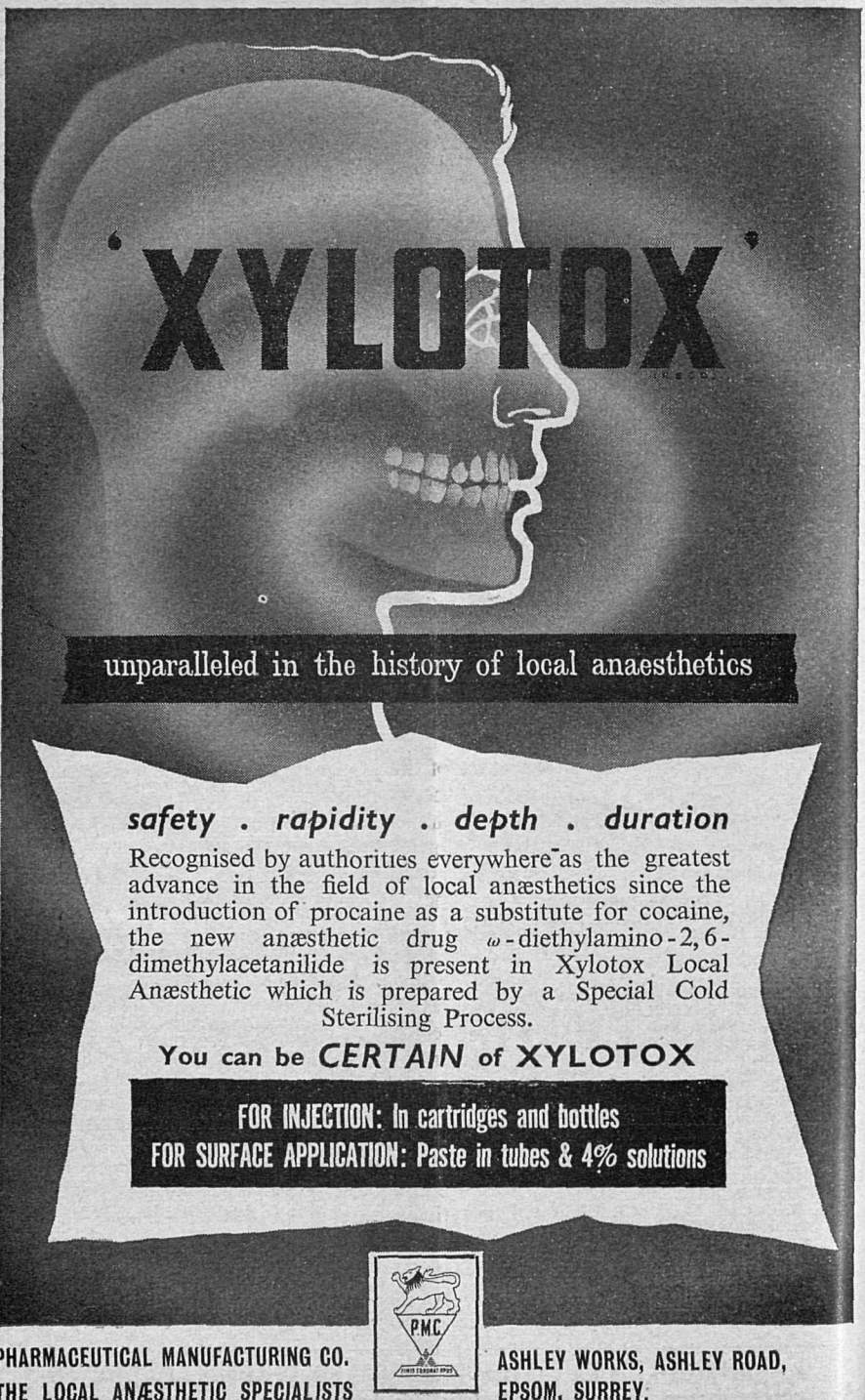
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PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1787 19*th January* 1957 *One Shilling*

PASSIM

Nullum opus exsurgit quod non annosa vetustas
expugnet, quod non vertat iniqua dies.

Hrabanus Maurus (*circa* 822)

OIL has made an enormous difference to the way of life of civilized man. As the years of this century have passed, he has become increasingly dependent upon the products of the oil industry. Now he runs his cars, buses and many of his trains on the stuff. It is the basis of a host of chemicals that are used to wash clothes and dishes, to warm houses, to make plastics, and to make explosives and drugs.

Without doubt we are now the slaves of petroleum in a way that would have amazed our forebears. It is surprising that, as a nation, Britain should seek to allow extension of influence of this commodity—knowing all too well that the more that we rely upon it, the more we are placing ourselves at the mercy of nationalistic and commercial blackmailers from various parts of the earth. Since the war we have entrusted ourselves to those who hold the oil taps of the world. Stupidity has, so far, been a poor defence against cupidity.

There is no doubt that many of the greatest time and labour saving devices have only been possible because of the adoption of modern fuels. Yet can we say that we have been wise in making such an obeisance to the genii in the lamp? There are, we know, a lot of people who scent (quite literally) danger in the air. It is vital that we should know whether or not they are right. It is held by a lot of competent and thoughtful people that life as lived in urban communities under a pall of smoke is menaced by the substances exhaled by internal combustion engines. This matter is still *sub judice* and it may yet be some years before any answer is known. It would be a satisfactory start were we to be assured that as much effort is being put into the investigation of the carcinogens in petroleum products as is being devoted to the damnation of the cigarette.

While the oil-dependent world waits for an answer there is a cogent argument for some delay in the adoption of further devices which require such fuel. The last few years have seen the clean (though noisy) trams swept from our streets, the rise and decline of the trolley-bus and the possibly sinister multiplication of cars, motor buses and coaches. Anyone who wants to make a simple olfactory experiment should try and compare the concentration of petrol and diesel fumes in town and country. Then, as an extension of this, let the observers make a second test. For there is an appreciable difference in the density of petrol fumes in cities such as London (where electrically powered vehicles and horse-drawn traffic have almost disappeared) and Glasgow

where the streetcar and horse and cart are still playing a valuable part in the city's life. Fresh air is less of a stranger to Argyle Street than it is to Borough High Street. We pick those two deliberately as they are both main through roads as well as local streets.

With the advent of atomic power which brings with it the prospect of cheaper and more cleanly-produced electricity, there is a very strong case for the retention at present of electrically-worked vehicles. This is supported by the fact that the factor of urgency for removing trams and trolley buses from the roads is the doubtful one that they get in the way of the ever-increasing swarm of oil-propelled transport. We know that electricity is a reasonably safe fuel. We must await the final word from chemists and pathologists before we can say the same of oil and its products—at least when used in the lavish and haphazard way that is customary in the world today.

We are delighted to read of the C.B.E. which has been bestowed upon Professor Ronald E. Lane of Manchester. Professor Lane, a Guy's man, is the Professor of Occupational Medicine at Manchester and, we believe, the first professor of his subject in the country. The other Guy's name in the New Year Honours List was that of Air Vice-Marshall J. C. Neely who receives the C.B. We congratulate them on these well-deserved honours.

We offer our hearty congratulations to Dr. Kevin Anderson who was until recently lecturer in Bacteriology at Guy's and has since been working at St. Peter's and St. Paul's Hospitals. He has been appointed Bacteriologist to the Institute of Medical and Veterinary Science, Adelaide, South Australia and Consultant Bacteriologist to the Royal Adelaide Hospital. He takes over from Dr. McCartney who is well known as co-author of Mackie and McCartney's renowned textbook. Dr. Anderson leaves for Australia on the 20th February and he takes with him our congratulations and best wishes for this splendid appointment.

It is with pleasure that we note the conferment of the title of Reader in the University of London upon Dr. J. A. Nissim. Dr. Nissim, who is at present senior lecturer in the Pharmacology Department, will remain at Guy's to carry on his valuable work.

We congratulate Mr. Kenneth Malcomson, who was recently E.N.T. registrar at Guy's, upon his appointment as Consultant E.N.T. Surgeon to the Bristol Hospitals. He is at present working as registrar to Mr. Robert Owen, a well-known Guy's man, at Cardiff.

News has reached us at Guy's of the appointment of Dr. J. K. Martin to the Professorship of Paediatrics in the University of Alberta. This fine appointment in an expanding University will, we are sure, be filled with great credit by Dr. Martin, to whom we offer our congratulations and best wishes for a happy stay at Edmonton.

We congratulate Mr. A. E. Wallis, who at the end of this month completes 25 years in the Medical School Office, his service being broken only by the war years. The part which is played by the Medical School Office is one which is not generally recognized by most students,

who do not realize how much their welfare and progress is guarded by the office staff. All of us who have been helped by Mr. Wallis during the last few years will wish him a very happy silver jubilee with our united hopes that he will have many more years in which to serve Guy's men and women.

The extension of teaching facilities is one which always occupies the minds of the heads of departments of the Medical School. In particular the clinical departments are always eager to see that facilities available at other Hospitals are used by Guy's students. In the Department of Surgery the long-established co-operation between St. Olave's Hospital and the Guy's department is well known. In the last few months Mr. Andrew Desmond of St. James's Hospital has kindly arranged for senior students to attend his Surgical Out-Patients clinics on alternate Wednesday mornings. This has been a most successful arrangement and those who have attended have all spoken most highly of the excellent teaching and material which they have found at Balham. It is to be hoped that senior students will continue to make use of these facilities and those who wish to go should enquire either in the Department of Surgery or the Medical School Office as places at these clinics will be highly prized and should be sought now for the coming few months.

We would like to remind readers of the approach of the Clubs' Union Ball which will be held at the Dorchester Hotel on the 28th January. This is the major social event of the student year and has usually been notable for the equal representation of students, staff and old Guy's men. This year, with the shortage of petrol, there are likely to be fewer visitors from outside London and we hope that there will be correspondingly greater support from students and staff of the Hospital and School. Applications for tickets (£3 5*s*. 0*d* ; Students £2 15*s*. 0*d*., for a double ticket inclusive of dinner), should be sent to Messrs. N. L. Eckhoff, F. Ellis, M. Mackenzie, D. Yetman or W. Fields.

On the evening of 8th January, a 1720 spade guinea was lost in the Colonnade by Arthur Bradley, the College porter. This is a family heirloom of great sentimental value, and a reward of £3 is offered to the finder. Should any of our readers have heard of such a coin being found, they will do a great service by arranging for its return to the owner.

GUY'S DIARY

JANUARY			Exhibition. Department of Surgery. *Goitre.*
21st	M	1.00	Mr. J. B. Blaikley. Clinical Lecture. *Endometriosis.*
		5.00	Endocrine Demonstration. Dr. P. M. F. Bishop. *The Testis.* Preclinical Classroom.
22nd	T	1.00	Professor W. R. Spurrell. Clinical Lecture. *Breathing.*
24th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture. *Intussusception.*
		4.30	Physiological Society. Miss A. Hasquencort. *Saliva.* Physiology Theatre. (Tea 4.15).
		5.00	X-ray Meeting. Medical X-ray Dept.
		5.00	Mr. Murray Falconer. Neurosurgical Round. Clinical Theatre.
26th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby 1st XV *v.* Devonport Services (Devonport).
28th	M	1.00	Dr. P. J. Helliwell. Clinical Lecture. *Post-Anaesthetic Morbidity.*

28th	M	5.00	Endocrine Demonstration. Dr. P. M. F. Bishop. *Turner's Syndrome.* Preclinical Classroom.
			Rugby 1st XV *v.* Paignton (Paignton).
		8.30	Clubs' Union Ball. Dorchester Hotel.
29th	T	1.00	Mr. R. H. F. Brain. Clinical Lecture. *A Recent Visit to America.*
		5.00	Dental Society. Mr. A. R. F. Thompson. *An Attitude to Conservative Dentistry.*
31st	Th	1.00	Dr. Jean Morton. Clinical Lecture. *Venereal Diseases and the General Practitioner.*
		5.00	X-ray Meeting. Medical X-ray Dept.
FEBRUARY			
1st	F	1.00	Dr. K. S. MacLean. Clinical Lecture.
2nd	S		Rugby 1st XV *v.* Coventry (H.O.P.).
4th	M	1.00	Mr. J. S. Batchelor. Clinical Lecture. *Congenital Dislocation of the Hip.*
		5.00	Endocrine Demonstration. Dr. P. M. F. Bishop. *Thyrotoxicosis.* Preclinical Classroom.

OBITUARY

THOMAS ALEXANDER BRITTEN HARRIS, M.D., F.F.A.R.C.S.

The sudden death of T. A. B. Harris at the age of 59 has robbed the Hospital of senior anaesthetist and loyal friend in one sad blow.

Harris qualified at Melbourne University in 1922. He helped his father in a busy general practice; this experience turned him into a good doctor and was the foundation of his interest in people as human beings.

Tommy—as everyone knew him—started his work in this country as an anaesthetist at the West London Hospital. The writer got to know him from association at the Royal Dental Hospital and the Dental Department of U.C.H., but it was not until we were short-listed for appointments to the Guy's staff 22 years ago that a real friendship began. This small, almost unknown Australian presented himself in the beautiful Court House—where Sarah Swift now stands—and was duly appointed in open competition with other Guy's men. From that day the hospital secured the lifetime devotion of a loyal and dynamic worker. He felt himself so much one of Guy's family that he resented criticism of the Hospital or its traditions to an almost fanatical degree.

Harris took his D.A. in 1936 and was awarded the F.F.A., R.C.S. in 1948. A doctorate of his own university was given to him in 1953.

Tommy soon became known to staff and school by reason of his enthusiasm and search for knowledge. When he was not teaching others to give anaesthetics, he himself was to be found in the departments of physiology, pharmacology or biochemistry learning anew the basic sciences of his art. His ambition was to teach students in such a way that not only should they understand the mode of action of the drugs they used, but become good practical doctors able to give a simple anaesthetic with confidence and safety.

As an anaesthetist he was superb. Although not an imposing figure—slight in build, and with a not completely conquered stutter—he inspired in me, when a patient, a remarkable degree of confidence and trust. For the surgeons he produced ideal operating conditions in an atmosphere of tranquillity, and set a standard of performance which we hope to maintain at Guy's.

He joined the Army at the outbreak of the War. In India he was responsible for training courses in Eastern Command which resulted in the grading and recognition of many now well-established anaesthetists. He undertook strenuous tours of inspection, help and advice with the 14th Army from Ledo to the Arakan, and many a "forgotten" anaesthetist was helped out of service difficulties by a visit from Lieut.-Col. Harris.

Returning to Guy's in 1945 he rapidly picked up the threads of hospital and private practice. Surgeons at Guy's and St. Peter's demanded his services for their private patients. It was while he was happily making final arrangements to meet a request for an anaesthetic in Bombay that he was taken from us.

At the time of his death he was also occupied with academic work. A second edition of his fundamental textbook, original work on barbiturate antagonists and an extensive survey on the relationship between the use of muscle relaxants and anaesthetic mortality, absorbed all his spare time. He worked too hard for too much of the time. After a coronary thrombosis had compelled him to rest for two months, all the senior members of the staff pleaded with him to plan his life to a less strenuous programme, but to no avail. He literally worked himself to death for the sake of his patients, Hospital and School.

In the years to come Tommy will be remembered as an individual who had a remarkable capacity for making friends. He was proud of his friends and valued their affection, but he had the courage to offer criticism and advice if he thought it would help them. Although forthright in his comments, his loyalty was constant.

He leaves a widow and four sons to whom we offer all our sympathy. At a memorial service in Guy's Chapel on January 4th, the congregation included not only his friends at Guy's, but representatives from many London hospitals, the Association of Anaesthetists and the Faculty of Anaesthetists of the Royal College of Surgeons.

W.S.McC.

M.E.L. writes :

I am sure that all theatre nurses, past and present, feel they have lost a real friend. Dr. Harris was always so understanding and very helpful. He never failed to give a few words of encouragement to a nurse new to theatre duties. His fund of stories often of his own experiences, created a most friendly atmosphere and endeared him to us all.

PREVENTIVE AND RESTORATIVE DENTISTRY FOR CHILDREN

By MAURICE B. ROTHSCHILD, B.D.S., L.D.S.R.C.S.

Prize-winning thesis for the Newland Pedley Medal and Prize in Operative Dentistry, 1955.

Read to the Dental Society on Tuesday, 1st November, 1955, *and reprinted by permission of the Dental Council.*

Introduction:

"It is now realized that members of the dental and medical professions should strive after a higher ideal than remedial therapy, namely, Preventive Treatment, which aims at raising the health of the community by hygienic principles—cleanliness, appropriate food, proper occlusion, etc.—with a view to eradicating widespread epidemic diseases such as caries; or Prophylactic Treatment, which means the prevention of disease in those who have been exposed to infection or to unhygienic conditions which predispose to disease." (Dilling and Hallam, 1954.)

The intention of this thesis is to consider the problems associated with the prevention of dental and paradontal disease in children, and to indicate appropriate restorative therapy where prevention has been inadequate. There are occasions when preventive treatment employs restorative techniques, e.g., the recontouring of ill-formed hypocalcified teeth by crowning to establish functional occlusal form, marginal ridges, and interdental contacts, and to allay the onset of dental caries; or the technique of "prophylactic odontotomy" (Thaddeus Hyatt, 1922) of which more will be written later. The specialities of preventive and restorative dentistry are therefore interdependent for individual success.

The term "child" has arbitrarily been considered to apply until the age at which, in the average individual, all deciduous teeth have been exfoliated and the permanent premolar teeth have erupted into occlusion.

The Prenatal Period and the Postnatal Edentulous Period.

During pregnancy an adequate diet for the mother will secure adequate nutrition for the future child (Stones 1954). The daily allowance of calcium should be 1.5 G. and during lactation 2 G. The amount of phosphorus should be about 25% above these amounts. Infants of 6 months require 0.8 G. of calcium per day rising progressively to 2 G. per day in adolescence (Recommended Dietary Allowances 1945). One pint of fresh milk contains 0.68 G. of calcium and a somewhat higher amount of phosphorus (Nutritive Values of War-time Foods, 1945).

Despite the necessity of adequate dietary intakes to ensure well-formed teeth, it should be noted that hypoplastic teeth will not become carious if local conditions do not predispose to caries. Studies in the Punjab (Taylor and Day, 1940) where dietary deficiencies of vitamin D, calcium and phosphorus are associated with a high incidence of rickets and osteomalacia, show that the teeth of the affected individuals have little hypoplasia and little caries. Sterile teeth do not decay whether they are hypoplastic or not. By feeding specially bred sterile rats living in a sterile environment on sterile food, using a meticulous technique, complete absence of dental caries has been demonstrated in animals who, when later fed on unsterilized food, developed caries. Therefore, although correct diet produces sound teeth which are more resistant to decay than teeth which are less sound, the effect on the erupted teeth of the diet must be considered equally important, for at this stage the formed teeth are liable to damage which may be mechanical, chemical or bacterial.

Paediatricians agree unanimously that from the psychological and physiological standpoints infants should be breast fed unless there is some definite contra-indication. Statistics show that breast-fed children are less likely to develop deficiency diseases and in general are fitter and more resistant to infections than bottle-fed children. Human milk is the ideal food for human infants.

During pregnancy and immediately afterwards the mother's teeth show a greatly increased tendency to decay, and this is now considered to be due to reduced vigilance over oral hygiene. For the mother's immediate benefit full instruction in oral hygiene, correct use of the toothbrush, detergent foods, etc., should be given. At this period an expectant mother is most receptive of any information which will make her baby better than all others, and when the first of the infant's teeth erupt

the mother will be prepared to use a small toothbrush on them in the correct manner.

It is not proposed to consider dietary requirements in more detail here and the reader is referred to major works on the subject. The local effect on the teeth of the diet will be considered later, but it is stressed that during pregnancy and up to the time the first deciduous teeth erupt only satisfaction of dietary requirements can enhance the resistance of the teeth to dental caries at a later date. The inclusion of fluorine in the drinking water also protects the teeth from dental caries, and this is dealt with under a later heading.

The Deciduous Dentition.

When teeth have erupted they are exposed to

(*a*) the caries-producing influences of civilized diet;
(*b*) trauma; this applies especially to upper incisor teeth;
(*c*) periodontal disease.

(*a*) *Caries.*

The chemico-parasitic theory of the causation of dental caries (Miller) explains that an initial breach in the integrity of the tooth substance may occur due to chemical attack as a result of acids produced by the fermentation of carbohydrates in the mouth. Further attack on the tooth substance by bacteria is thus facilitated. Foodstuffs may be classified as follows:

(1) Fats: undergo little change in the mouth.
(2) Proteins: undergo still less change in the mouth.
(3) Carbohydrates: ferment in the mouth with the production of acids. There are three varieties of carbohydrates:—

(i) Cellulose.—Has a detergent effect by stimulating mastication. Not acted upon by ptyalin and hardly affected by oral bacteria.

(ii) Starch.—Raw starch is covered by a membrane which is not affected by ptyalin. Boiling or cooking destroys this membrane and permits hydrolysis due to the action of ptyalin in the mouth.

(iii) Sugars.—May be formed by the breakdown of starch or ingested as sugars initially. Sugars are broken down by bacterial enzymes producing organic acids. Fairly rapid demineralization of teeth is reported to occur at pH 5.2 (Klinger, 1938) although earlier workers gave lower figures (pH 4.0 to 4.5). The pH of the saliva is usually 6.5 to 6.9 which is not enough to dissolve enamel, but in protected areas of the teeth plaques form which are composed of mucin, food debris, and micro-organisms. The pH of the dental plaque varies from 4.6 to 7.0 (Stephan, 1940). It is claimed that in areas where there are plaques the acidity may be sufficient to cause demineralization.

The following classification is based on a memorandum by the British Dental Association (1954):

Control of Dental Caries by Local Measures:

(1) Reduction of fermentable carbohydrates ingested and the avoidance of eating sweets and other quickly fermentable carbohydrates between meals.

(2) The removal of fermentable carbohydrates from the mouth before they are converted into acids,

(*a*) by physiological means, e.g. detergent foods;
(*b*) by strict attention to oral hygiene.

(3) (*a*) Killing or inhibition of oral bacteria; or
(*b*) alteration of the balance of micro-organisms within the mouth with a reduction in the numbers of caries-producing organisms.

(4) The use of enzyme inhibitors to prevent the formation of acids by carbohydrate breakdown.

(5) The neutralization of acids formed in the mouth.

(6) The elimination of areas where food stagnation occurs, and of developmental defects in the surfaces of the enamel.

(*a*) Conservation where there is established caries.
(*b*) Elimination of developmental defects. Prophylactic odontotomy.
(*c*) Correction of orthodontic abnormalities producing food stagnation.

(7) Increase of the resistance of the tooth to caries attack, e.g. by the use of topical sodium fluoride, or silver nitrate.

For convenience, these factors will be dealt with under three general headings:—

1. Modification of Tooth Structure.

Well-formed teeth, the result of correct diet and good health during the pre-and post-natal periods, show greater resistance to caries under adverse conditions. Mellanby refers to "M" hypoplasia, which is a degree of roughness determined by passing a probe over the tooth surface and which is supposed to be most marked in teeth most prone to caries.

In more recent years the caries-inhibitory effect of fluorine has been the subject of much investigation. In areas where the drinking water contains fluorine in a proportion of one part per million the caries incidence appears to be reduced. Where a higher proportion of fluorine is present mottling of the teeth occurs. Large amounts of fluorine may produce fluorosis, but a diet rich in Vitamin D, calcium, and phosphorus has a beneficial effect in its prevention. Experimental evidence indicates that fluorine is laid down in the form of acid-resistant calcium fluorapatite as a fine dispersion throughout the hydroxyl and carbonate apatites which are found normally in teeth.

2. Modification of Tooth Environment.

Under this heading the highly important subject of oral hygiene must occupy a major position. It is clear from what has already been stated that the removal of acid-producing material from the tooth surface will prevent the degree of de-mineralization necessary to facilitate bacterial attack. The expectant mother should be instructed in the use of the toothbrush by a standard technique such as is described by Fones, Charters and others. The patient should be told that each tooth has five surfaces (mesial, distal, occlusal, buccal and lingual) which means that there are a total of about 150 surfaces to be carefully cleaned. The toothbrush will loosen adherent debris from the tooth, but to remove it from the mouth rinsing with plain water is desirable, pumping the water through the interdental spaces with the cheeks. The brushing should be performed with a rotary movement along the long axes of the teeth in a direction away from the gums. The mouth should be dealt with methodically so that all tooth surfaces are brushed and only on the occlusal surfaces should horizontal brushing be performed. A fairly soft brush should be used and the choice of any reliable dentifrice left to the patient, who should be warned that extravagant claims for any therapeutic value of the dentifrice are mostly unfounded, for during the brief period of time for which the drug is held in contact with the teeth little benefit can be derived from it.

When the child's teeth erupt then the mother will be prepared to use a small brush on them. However, the patient should know that well-chosen detergent foods are even more efficient tooth cleaners than the brush. Meals should be finished with a raw apple, carrot, celery, or other detergent food as soon as the child is old enough to eat these foods. Eating between meals should be discouraged, for it has been shown that refined carbohydrates taken with the main meals rather than between them results in less dental caries. It is not easy to encourage mothers to bestow confectionery on their offspring at meal times, but the effect of these foods on the teeth should be explained clearly, so that co-operation by dietary control may be expected.

3. Modification of Tooth Surface.

In the past a number of materials have been used in an attempt to allay the ravages of dental caries by impregnating the tooth surface. Only one material may be claimed to have maintained its popularity, namely, silver nitrate. Unfortunately, this material stains the tooth black by virtue of the layer of finely divided silver laid down at the site of application. Therefore, its use is confined to posterior teeth. Investigation indicates that silver nitrate is of NO value in preventing dental caries, this conclusion having been reached after careful investigation using a technique of impregnating the occlusal fissures (Klein and Knutson, 1942; Miller, 1951; James and Parfitt, 1954).

A 2% sodium fluoride solution has been used by topical application. Knutson (1948) preceded treatment by thorough scaling and polishing and then isolated quadrants of the mouth and applied 2% sodium fluoride in a series of four treatments at intervals of one week. He advocates this course of treatment at ages 3, 7, 10 and 13 years, claiming that he has obtained a 40% reduction in caries incidence. Other investigators report much lower figures using this technique and a pilot study carried out by the Department of Preventive Dentistry, Guy's Hospital, indicates that a 10% reduction or less is all that can be anticipated. The fluorine may form

a layer of calcium fluoride over the tooth or may become incorporated in the denta plaque, blocking enzyme activity and so raising the pH of the plaque.

To the latter end various tooth powders and pastes have been introduced. Those containing fluorides do not appear to have a great deal of effect. Others rely on a content of dibasic ammonium phosphate (5%) and synthetic urea or carbamide (20%). It is claimed that this formula raises the pH of the dental plaque and reduces the count of lactobacillus acidophilus, due to the action of urease in the mouth which causes ammonium carbide to be formed. The manufacturers of Amm-i-dent toothpaste claim a 40% reduction in caries incidence but Schneyer (1952) says that urea available in commercial dentifrices is not likely to inactivate salivary amylase sufficiently to affect the carious process.

Fosdick, Calandra, Blackwell and Burrill (1953) examined 381 compounds which, acting as enzyme inhibitors, would absorb, adsorb, or otherwise attach themselves to the dental plaque and still remain after washing with water. Ten of these compounds appeared to be effective but several contained antibiotics, the indiscriminate use of which is contraindicated. This left sodium N-lauroyl sarcosinate and sodium dehydroacetate as the most promising compounds. Examined *in vivo* these compounds decreased the rate of acid formation on the tooth surface following a sucrose rinse. Sodium N-lauroyl sarcosinate is incorporated in Colgate's Dental Cream under the trade name of Gardol. The first year's trial on 2,265 individuals indicates a 60% reduction in caries incidence as measured by bite wing radiographs, but Fosdick (1953) notes the possibility of the development of a tolerance to the inhibitor.

Finally, under this heading mention must be made of the technique of prophylactic odontotomy described by Thaddeus Hyatt (1922). He advocates the cutting out and filling of occlusal fissures in premolars and molars. To this end W. Stewart Ross (1953) has designed a special shouldered tungsten carbide burr facilitating the rapid and accurate execution of this operation.

(*b*) *Trauma:*

Trauma to teeth and supporting tissues may be divided into three categories according to the cause:

1. Chemical. Almost entirely due to the misapplied efforts of the dental surgeon who, regardless of the relatively large pulps of deciduous and newly erupted permanent teeth, has used acid cements or irritant drugs in close proximity to the pulp.
2. Bacterial. Bacterial infection of the pulp in children is a frequent result of unchecked caries. If the apex of the tooth is open and the pulp vital and symptomless the operation of partial pulpectomy has a good prognosis. If the pulp is dead it may be wise to mechanically clean the root canals and after dressing with suitable antiseptic agents insert a root filling. More will be said later of these procedures, but it is convenient at this juncture to mention that it is in the treatment of non-vital teeth of the deciduous series and of permanent teeth with open apices but where root resection is contra-indicated that the resorbable root filling materials are invaluable.
3. Physical. Due mainly to blows or falls on the face and sports injuries, but are also common sequelae of bicycle and motor vehicle accidents, and misuse of mouth props and gags under general anaesthesia. Overheating and exposure of dental pulps is a form of physical trauma of which the dental surgeon may be guilty. As a result of physical trauma the following may occur:—
   - (i) Laceration of soft tissues: Such injuries must receive first attention and engage priority over the teeth.
   - (ii) Injuries to the supporting structures of the teeth. This includes tearing of periodontal fibres, fracture of alveolus, etc. If the tooth is to be saved injuries in this group may require splinting.
   - (iii) Injuries to the teeth without dislocation or fracture. May result in a degree of periodontitis which usually settles down. Under this heading injuries to the pulp are of importance, for injury to apical vessels may result in death of the pulp which may subsequently become infected; or the pulp may completely calcify and although non-vital remain symptom free for many years, this being a natural form of "root filling"; or a rarefying periodontitis may occur.
   - (iv) Dislocation of teeth:
     - (*a*) Complete. If the tooth is held in sterile forceps, root filled, and the apex resected, sterilized in penicillin solution and reinserted into a carefully cleaned socket and splinted to adjacent teeth, it may subsequently become quite firm. Resorption of the root within a few years is to be anticipated in a very high percentage of cases. Parfitt and Herbert (1948) state that this operation is best reserved for the healthy tooth which has been removed inadvertently.
     - (*b*) Partial—1. Intruded. Return the tooth to the correct position with forceps under a general anaesthetic and splint.
     - 2. Extruded: Splint with "figure of eight" wiring to adjacent teeth.

The loss of deciduous anterior teeth does not upset the balance of occlusion as

greatly as might be expected. Since the orthodontic complications of loss of anterior deciduous teeth are not very great, the preservation of these teeth if traumatized and non-vital is purely for their aesthetic value in most cases. There is a school of thought which advocates extraction of devitalized anterior teeth in children, for at this age orthodontic closure of the space and subsequent aesthetic crowning is possible. This is not wise in the deciduous dentition, for by moving posterior teeth mesially orthodontic abnormalities will be introduced and it is wiser to construct a tooth bearing space retainer if the aesthetics of the case demand it. In the permanent dentition a different state of affairs prevails, and the author is of the opinion that if successful root canal therapy can be performed on a devitalized anterior tooth then this should be done if the arches are normal and the occlusion correct. If the medical history contra-indicates retaining a non-vital tooth (e.g. rheumatic heart disease) or if the arches are overcrowded and extraction of the involved tooth, partial closure of the space and subsequent aesthetic crowning will materially benefit the patient's dental condition, then the author agrees that extraction is the treatment of choice. Each case must be considered on its own merits.

(v) Fracture of the tooth: May involve:

(*a*) Crown only
(*b*) Crown and root } With or without involvement of the pulp
(*c*) Root only

When the crown and root are involved conservative treatment is usually not possible. If only the crown is involved there are three possibilities:

1. Slight fracture.—If only a very small area of dentine is exposed desensitization with 40% zinc chloride followed by 20% potassium ferrocyanide may suffice.
2. Gross fracture not involving the pulp.—This indicates the application of a sedative dressing to the exposed dentine. The material of choice is a mixture of zinc oxide and eugenol or zinc oxide and dentalone which may be mixed with a few fibres of cotton wool and ligatured to the tooth, or which may be held in place with a celluloid crown form or a fitted band of polished stainless steel tape.
3. Fractures involving the pulp.—If the exposure is very small and recent it may be capped with a paste of calcium hydroxide and distilled water, sterile powdered dog's dentine, or whatever material the operator favours, after gently cleaning the exposure with sterile normal saline. If the apex is open and the exposure is gross a partial pulpectomy should be performed. If the apex is closed it is probably wisest to clean the root canal and fill with resorbable paste. Vital teeth without periodontal involvement have sterile apices (Bulleid and Shuttleworth, 1949) and may be safely root-filled without prior application of antiseptic dressings to the root canals. Root fractures completely below the epithelial attachment are splinted by the tooth socket and the fractured ends become united in many instances by calcific tissue. The vitality of the pulp may be maintained by a collateral circulation which grows in at the site of fracture. It is usually wise to immobilise the crown of the involved tooth by some form of splinting for a few weeks, and for this purpose the self-polymerising resins are of great use. The technique is to carefully adapt some lead foil (e.g. that used to protect X-ray films) to the involved crown and adjacent teeth and then cover this with the resin, e.g. Sevriton or Dentafil. When set, the material is filed and polished and cemented in position.

Case History: Colin E. B. Aged 12 years. Presented at his dental surgeon's practice, having been struck in the face by a cricket ball. On examination $\underline{|}\,1$ was found to be loose and X-ray showed complete horizontal fracture of the root a short way above the epithelial attachment. The tooth was splinted using self-polymerising resin as described above and the patient referred to Guy's Hospital for further treatment. The author has observed the case regularly over a period of about 18 months and X-rays have been taken during this period. The involved tooth gives no vitality response to hot gutta percha, ethyl chloride, nor to the electric pulp tester. It is symptom free, firm, and of almost identical colour to the adjacent central incisor. Recent X-rays show evidence of calcific material being laid down between the fractured surface. It is supposed that a collateral circulation has developed via the fracture which is supplying the pulp tissue although degeneration of nerve fibres must have occurred.

It cannot be over-stressed that traumatized teeth treated by conservative means must be regularly examined and X-rayed to ensure that vitality has been maintained, or if the tooth has been root-filled to ensure that there is no evidence of periapical infection.

(*c*) *Periodontal Disease:*

Although a high caries incidence in children is common, if new cavities are dealt with as they appear, the rate of new caries occurrence may be very slow by the mid-twenties. This is because the "weak spots" in tooth structure have been repaired as caries has demonstrated them, and prophylactic extension of the cavity in its preparation for a filling has removed "pre-carious" tissue. By contrast periodontal

disease in children has a poor prognosis and demands early diagnosis, elimination of cause, and institution of adequate remedial therapy.

It is fortunate that young periodontal tissues do not succumb so readily to disease as do older tissues. Treatment at first is basically the same, but surgery in the young child is contra-indicated. In many cases orthodontic treatment may be used to correct a deformity which is encouraging the periodontal disease.

Much harm can be done by fixed orthodontic appliances if ill-contoured stainless steel bands are driven down into the gingival crevice, traumatizing the epithelial attachment and causing constant gingival irritation at the edge of the band. Care in fitting removable appliances to avoid gaps between tooth and plate where food packing can occur, avoidance of rigid clasping of teeth whose root formation does not warrant such treatment, and avoidance of the use of subgingival spurs in clasping plates prevents much periodontal disease.

The use of orthodontic techniques to remove a potential cause of periodontal disease is inadequately exploited. The correction of anterior open bite associated with mouth breathing will remove the soft tissue inflammation caused by the drying of the oral mucosa. Improvement in tooth alignment will reduce food stagnation and its tendency to caries formation and gingival irritation. Deep incisor overbite often results in trauma to the gingivae in the opposing jaw due either to the direct pressure exerted by the teeth on the soft tissues or the action of packing food against the soft tissues.

Food packing mechanisms are numerous but one which may result from the extraction of first permanent molars at an age when the space cannot be closed without tilting the second permanent molars is all too common. Emslie (1952) says: "Removal of the first permanent molars for caries control or for any other reason is not favoured by the periodontist."

Rothner and Jacoby (1952) state that the orthodontist should consider occlusal disharmony when carrying out treatment. Care should be taken to anchor appliances only to sound, healthy, well-rooted teeth, and at the termination of treatment not only should aesthetics be good but there should be a harmonious and good functional occlusion.

Only a few factors causing periodontal disease of special interest in treating children have been mentioned. The treatment is to remove the cause, institute thorough scaling and polishing, and ensure that a correct programme of oral hygiene is followed. The use of wood points may be indicated but are best reserved for the intelligent co-operative child. Severe periodontal disease in children indicates careful medical examination to exclude systemic factors. It is not proposed to discuss the medical conditions producing periodontal and soft tissue disorders in the mouth, but they include:

1. Infective conditions, e.g., herpes simplex virus.
2. Physical conditions, e.g., leukaemia, diabetes.
3. Administration of drugs, e.g., phenytoin sodium in the treatment of epilepsy.
4. Nutritional deficiencies, e.g., scurvy.

We have now considered the three fates to which the deciduous dentition is prey, viz., caries, trauma, and periodontal disease. If prevention has been adequate restoration will be unnecessary but, unfortunately, restoration occupies most of the time of the dental general practitioner.

Restoration of the Deciduous Dentition.

There is no very great difference in filling children's teeth from filling adults' teeth. Deciduous teeth are easier to cut, and child patients seem to prefer a few deft strokes with sharp hand instruments to the drill. When the handpiece is used, needless to say, sharp burrs are essential and a slow engine speed desirable. Deciduous pulps are large in proportion to the size of the tooth compared with adult teeth and so great care must be taken to avoid exposures. However, as the apices are often open at the time of treatment, capping of the exposed pulp with calcium hydroxide and distilled water, sterile powdered dog's dentine or other recognized pulp capping agent is very successful. If the exposure is larger, partial pulpectomy may be considered or the pulp may be anaesthetized or chemically devitalized, the canals cleaned and filled with a resorbable paste. If the pulp is dead but asymptomatic and without radiographic evidence of periapical infection, it is worth cleaning the canals and dressing them with suitable antiseptics prior to filling with a resorbable paste. If the periapex of a deciduous tooth is severely infected it is probably best to extract the tooth and construct a space retainer unless a symmetry of the arches

dictates that this is unnecessary. The treatment of infected pulps in deciduous teeth is dealt with in detail by Andrew (1955).

Space retainers may be classified as:—

1. Fixed: Examples are a cemented cast crown carrying a spur; or a contoured spot welded stainless steel band carrying a spur, this too being cemented to the tooth.
2. Removable: This form of space retainer is usually made of acrylic resin and in the front of the mouth may be tooth bearing for aesthetic reasons. Secure clasping at each end is essential, and the appliance should not be worn at night.

The treatment of established caries is considered under three headings: (Slack, 1954):—

1. Early Caries. Mention has been made earlier of Thaddeus Hyatt's technique of prophylactic odontotomy to eliminate pre-carious fissures. The treatment of established caries is exactly the same as in the adult patient, but acid cement linings are contra-indicated in large cavities because of the relatively large size of the deciduous pulp. Sedative linings of the zinc oxide and eugenol type are preferred.
2. Compound Caries. Interstitial cavities in deciduous incisor teeth may be dealt with by disking away the carious area and rounding off sharp edges, thus providing a self-cleansing area. Class II cavities in molars are more difficult to deal with and adequate retention for the filling must be provided. When the caries is so extensive that conventional restorative techniques cannot be used it is worth considering a form of crown made of amalgam which does good service. The technique is to remove the bulbous portions of the crown and after excavating the caries to reduce the height of upstanding occlusal tissues. A few undercuts are made in various parts of the tooth and a band of stainless steel tape, contoured and spot-welded is fitted. This is filled with amalgam after lining the deepest parts of the preparation. The band is left in position permanently.
3. Gross Caries. Neglect and lack of home care sponsored by ignorance and poverty is fortunately not common in this country today. Occasionally children are brought for treatment with a mouth full of grossly decayed, dead, and infected teeth, most, or all of which are past saving. Teeth that can be saved should be saved, but it may be necessary to render the child edentulous. This is preferable to the continued toxic absorption suffered from a mouth full of infected teeth and will effect a degree of improvement in the general health. Appropriate modifications to diet are necessary, but the normal growth and development of the jaws is enhanced by maintaining normal function. To this end artificial dentures may be constructed, and although this is not frequently done the literature contains a number of cases of successful provision of artificial dentures to young children. It is the duty of the dental surgeon to ensure that the permanent teeth do not suffer the same fate as their deciduous predecessors.

The Selection of Filling Materials.

Amalgam is always the filling material of choice for deciduous teeth and dispute remains only over the choice between copper amalgam and silver amalgam. Copper amalgam is less severely affected by moisture than silver amalgam, and is said to have germicidal properties. Copper amalgam wears down more rapidly than silver amalgam and so keeps pace with attrition of the occlusal tissue of the tooth. Silver amalgam has excellent properties of marginal adaptation to cavities; it is hard, and takes a lasting polish, unlike copper amalgam which discolours rapidly.

The author feels that while the excellence of silver amalgam is undoubted the convenience afforded by copper amalgam is invaluable. It is often very difficult to keep an absolutely dry field in a child's mouth during the insertion of a filling, and fillings in deciduous teeth need only be of a semi-permanent nature. Therefore, if there are large cavities in deciduous molar teeth it is worthwhile using silver amalgam if the area can be kept dry long enough, and if the age of the patient indicates that the tooth will not be shed for a number of years. In other cases copper amalgam is the filling of choice. Copper cements are advocated by some, but they are acid in nature, tend to dissolve out of the cavities, and stain the teeth badly.

Anaesthesia.

Deciduous teeth appear to be less sensitive than permanent teeth. Gentle handling usually enables one to complete large restorations without the use of anaesthetics. If regional anaesthesia is to be used it is wise to use a surface anaesthetic to desensitise the mucosa to the prick of the needle.

Much has been written of the use of general anaesthesia for general dental treatment on children. If a great deal of work has to be performed on a highly nervous child, it may be least trying to all concerned to use general anaesthesia. An expert anaesthetist should administer the anaesthetic by naso-pharyngeal intubation, and if possible the dental surgeon should use rubber dam to minimise the amount of debris actually entering the mouth.

The Permanent Dentition.

At six years of age in the average child the first permanent molar teeth erupt. The calcification of this tooth commences at, or just prior to birth, while all the remaining permanent teeth commence calcification after birth.

Since what has been written concerning the deciduous dentition applies in the main to the permanent dentition too, only factors of difference will be stressed here.

The methods of preventing caries in permanent teeth are exactly the same as in the treatment of deciduous teeth, but work has been done on the transplantation of the developing third molar to the first molar socket for this latter tooth is usually the first of the permanent series to be severely attacked by caries. Noble (1954) reports on three cases of transplantation and concludes that:—

1. Better results are obtained if the third molar has reached the bifurcation stage before transplanting.
2. The transplant must be in a good vertical position for eruption to occur.
3. The connective tissue sac protecting the epithelium covering the enamel, and the epithelial root sheath of Hertwig must not be injured during the removal of the third molar.

Apfel (1954) advocates closure of the first molar space naturally or orthodontically in young patients, but in patients of the 13 to 18 years age group transplantation is possible when the root development of the third molar is 3 to 8 mm. Until then the space may be kept open with a plastic space retainer. He stresses that all cortical bone lining the first molar socket must be removed.

By eight years of age the upper permanent incisor teeth have usually erupted. These are the teeth most prone to trauma and their fracture is not uncommon. Treatment is basically the same as for deciduous teeth, but the use of partial pulpectomy has a different significance. If the root is incompletely formed and the exposure of the pulp gross but recent, the operation of partial pulpectomy maintains the vitality of the tooth and enables root formation to proceed to completion. At a later age permanent root filling is possible, and a post crown may be constructed. The operation of partial pulpectomy is fully described by Slack (1953). While it is generally accepted that acrylic resin crowns are inferior to porcelain, they are useful as a semi-permanent aesthetic restoration which is easy and economic to construct for the protection of a grossly fractured incisor. The only tooth preparation necessary is to lightly slice the tooth mesially and distally. At a later age a permanent crown may be constructed.

Periodontal disease in children has a poor prognosis. When all deciduous teeth have been exfoliated and their permanent successors are in occlusion gingivectomy may be considered. Gingivectomy should not be performed unless pockets of 4 mm. or more persist after all other methods have been tried.

Restorative techniques on permanent teeth are numerous but somewhat restricted until the dental pulps have reduced in size. The reader is referred to suitable textbooks for details, such as Parfitt and Herbert (1948). If a cavity can be prepared leaving sufficient tooth substance to support a silver amalgam filling, then this is the filling material of choice. If the tooth structure is weak, then gold should be used, and if aesthetic considerations demand it, one of the aesthetic filling materials may be used, i.e., silicate cement, autopolymerising resin, or fused porcelain.

The provision of full dental treatment for children is a most satisfying occupation, the fruits of which are born in the adult mouth, which, as a result of care and attention in the years of growth and development, shows a dentition of good appearance, good health, and optimum functional ability. Children resent a stern approach, long appointments, noisy appliances, and strong-tasting drugs. Above all, children resent the infliction of pain. Kindness, gentleness, speedy and deft handling, and painless treatment will be repaid by a patient who looks forward to his dental appointment. If the child is old enough he will be interested in what is being done to his teeth and a simple explanation of each stage of treatment can be given. Children like to know the purpose of the instruments on the unit, and they are often thrilled at being allowed to mix the amalgam for their own filling. Children have interesting and unusual pets and hobbies and like to discuss them; it may be that even the dentist may learn a little during a short conversation with his child patient.

Summary.

1. The pre-natal and post-natal endentulous periods are considered, and the influence of diet on the developing dental tissues considered.

2. The deciduous dentition is considered; methods of caries prevention and

the prevention and treatment of periodontal disease and trauma to the teeth are considered.

3. Restorative methods in the deciduous dentition are considered and it is stressed that the necessity of restoration indicates that preventive measures have been inadequate or have failed. Choice of filling materials and the use of regional and general anaesthesia are discussed.

4. The treatment of the permanent successors to the deciduous teeth is considered. Transplantation of the developing third molar to the first molar sockets and the main differences to the treatment of the deciduous dentition are dealt with.

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Thirty Years Ago

From Guy's Hospital Gazette, 29th January, 1927.

An O.P. Letter

DEAR SIR,—The following letter was received at Out-Patients last week. I thought you might like to publish it.

Yours faithfully,

SENIOR DRESSER.

DEAR DOCTOR,

just a few lines to ask you can you examine my Son properly as I want to know if you will give him his Discharge as the chap as had 2 jobs and the Labour people stop him from working the chap is good for work therefore why not let him do it he plays football and all kinds of sport and dont complain therefore I dont see why they should stop him from work as it is a great struggle for me to keep a big chap like as I am very ill in Bed myself and cant get out therefore I hope you will give him his discharge to take to the Labour people for work from yours Sincerely,

Mrs. ——,

the chaps Mother.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Biennial Dinner

From Mr. N. L. Eckhoff

SIR,—I think it would be of interest to the people who attended the Biennial Dinner to see the accounts, and I should be grateful if you could find room for them in the *Gazette*.

A loss of £30 was made on the Biennial Dinner in 1954 and the price was increased slightly in 1956, thus converting the loss into a profit. It may be possible to reduce the price in 1958.

I regret that the private room was not available after the dinner and I have received a letter of apology from the management of the Connaught Rooms pointing out that this was an error on their part. I am assured that this will not occur again.

Yours etc.,

N. L. ECKHOFF.

Hon. Secretary,
Guy's Hospital Biennial Dinner.

Guy's Hospital, S.E.1.

GUY'S HOSPITAL BIENNIAL DINNER, 1956

Income and Expenditure Account

EXPENDITURE.	£ s. d.	INCOME.	£ s. d.
Connaught Rooms Ltd. ..	488 18 4	Sale of Tickets less refunds ..	646 10 0
Printing, Stationery and Postage	71 7 10	Donation—Dr. E. T. Lloyd ..	1 10 0
Sundry Expenses and Clerical Assistance	32 10 0	Interest on Deposit Account ..	17 0
Audit Fee	1 1 0		
Balance being Excess of Income over Expenditure	54 19 10		
	£648 17 0		£648 17 0

BALANCE SHEET AS AT 31ST DECEMBER, 1956

GENERAL FUND:	£ s. d.	£ s. d.	CASH AT BANK:	£ s. d.	£ s. d.
Balance as at 1st January, 1955	41 12 8		Current Account ..	81 12 6	
Add Excess of Income over Expenditure as per above account	54 19 10		Deposit Account ..	15 0 0	
		96 12 6			96 12 6
		£96 12 6			£96 12 6

I have examined the Income and Expenditure Account and Balance Sheet of the Guy's Hospital Biennial Dinner Fund for the period ending 31st December, 1956, and find them to be in accordance with the books and vouchers of the Fund.

7th January, 1957. (Signed) J. L. LOCKTON.

Plant Scents

From Sir Geoffrey Marshall

SIR,—In your issue of 5th January, Dr. J. Struthers asks who would have been the old "Guy's friend" with whom Professor John Ryle conversed on the subject of plant scents. I have no doubt that this was Ryle's contemporary, and my old friend, Dr. Frank Anthony Hampton of Bampton, who wrote a fascinating book on "The scent of flowers".

Yours etc.,

GEOFFREY MARSHALL.

149, Harley Street, W.1.

From Mr. C. S. Lane-Roberts

SIR,—Just a line with reference to Dr. John L. Struthers's enquiry in the *Guy's Gazette* of 5th January, 1957, as to the identity of the late J. A. Ryle's "old Guy's friend—on the subject of plant scents".

I have before me *The Scent of Flowers and Leaves—its Purpose and Relation to Man*, by F. A. Hampton, M.A., B.M., B.Ch.(Oxon). Published at London by Dulan and Company, Ltd., 34-36, Margaret Street, W.1, in 1925.

I think this may be the book, and if so, the reference will bring back delightful memories to their contemporaries of two charming and erudite personalities.

Yours etc.,

CEDRIC LANE-ROBERTS.

The Mill House,
Tewin, Herts.

SIR,—I believe it is probable that the late J. A. Ryle was referring to the late H. W. Barber, the Dermatologist at Guy's, who was particularly interested in the subject of plant scents. He experimented by holding various plants under the nose of someone sleeping and then when they woke up he asked them as to whether they had dreamed of any particular place. One subject was found to have been dreaming of a garden where that particular plant was in the habit of growing in profusion.

It must be added, as everyone will remember, that Dr. Barber's interests were wide and various and he was an expert on many subjects other than Dermatology.

Yours etc.,

A. M. G. CAMPBELL.

79, Pembroke Road,
Clifton, Bristol, 8.

Hygiene and Catering

From the Catering Officer

SIR,—I read with some astonishment the criticisms of the standard of food hygiene which appeared in *Passim* in your issue of the 5th January.

The criticisms are generally worded and it is certainly not clear from what was said whether they are directed against the College catering or against the Hospital catering and it may not be generally known that two different authorities control these two sections of Guy's catering.

I can only speak for catering in the Hospital and I must say that I have not seen any Hospital porters carrying exposed trays of food with stubs of cigarettes in their mouths. It is known throughout the Hospital kitchen staff that anyone seen with a cigarette in his mouth while handling food is dismissed instantly. Again on the question of carrying exposed trays of food, all the food en route from the Central Kitchens to the wards or Nurses' Home is carried in completely enclosed food trolleys, with the possible exception that occasionally a tray of cakes or dry goods might be moved in an emergency but, even then, I think you will note that if they are Hospital trays the food will be covered with a clean cloth.

I would suggest that the writer of Passim should find out exactly which branch of the catering at Guy's he is criticising and then supply details of the times and instances to the appropriate authorities when, if it concerns the Hospital, the matter will be appropriately dealt with.

Yours etc.,

W. R. KINGSTON,
Catering Officer.

Guy's Hospital,
London, S.E.1.

Hospital Design

From Mr. T. B. Layton

SIR,—May I at once join issue with Mr. Reading in his use of the word "exile" in reference to work at the New Cross Hospital? It was not that even when there was no relationship to Guy's as the "mother hospital" when I began

work at the S.E. Hospital in the early twenties and continued regularly till 1933 and then on and off until 1944. The word " exile " carries a suggestion of inferiority and punishment among those working there, and it is remarkable how long it takes to exorcise an inferiority complex when it gets into the herd mind of a body of men or women and how hard it is to get it out.

The wards there are good ones, with cross ventilation over two rows of beds, and the various roomlets are grouped at either end, quite distinct in function as to the ins and outs of things coming into and leaving them; with a good " sep " by the entrance where the sister can keep an eye upon a patient put in it whether for the severity of the case or other reason.

All wards are " bleak and impersonal " when empty or first put into use, and I think that we at Guy's may be spoilt by the relative ease with which this may be removed in our very unorthodox wards.

It is not until you have worked in more than one other hospital that a Guy's man or woman realizes how unorthodox our wards are, but that does not mean that everyone approves of them. The late Dr. Goodall, when taking—at the N.W. Hospital—the advanced course in administration and hospital construction for the second part of the D.P.H., used to show plans of our new ones in Hunt's House—built 105 years ago—as examples of how not to construct a ward with cross-ventilation over four rows of beds. He once told me he was glad they were wards of his own hospital, because he could speak much more strongly about that one, than he could of any other. In those days Dr. Goodall's word on " Hospital construction " carried as much weight as his niece's does today in " Nurses and mid-wives " and of course he knew them well when as medical registrar he was appointed straight from that to the Superintendentship of the Eastern Hospital. And yet! With less intimate knowledge of them than that of a medical registrar, I cannot believe that the opinion of the great specialist in this case was right. Since I entered them in July 1904, I have not found them more prone to cross-infection or other disharmonies of ventilation than wards in general.

It is the same with our L-shaped wards. There are many who speak against them but I have never heard any one who did put up valid criticism—only the fact that in no other hospitals did they exist. But to us who know them they have a mental therapeutic value unknown to wards of any other shape; and advantages in administration which—largely owing to the rigid ownership of beds by members of the staff and the fireplaces being used as the sites for consultation with the night-nurses by the house officers—were never fully exploited at least in my days.

But the yearnings that our wards produce, are a disadvantage to us when we first go into the straight two-rowed one. Just as in a library you have to learn your way about books, before you can start reading them, so in a hospital you have to learn the shape and nature of the wards before your work in them can be of the best; and so I am glad to learn not only from Mr. Reading who finds these " well-planned " but also from others that they are " good wards "; and so I hope our pros. and students will go there glad of the advantages of acquiring some elasticity during their student careers.

One other only hospital I have seen with the L-shaped wards. It was at Palermo, hundreds of years old, built round a central courtyard as a monastery and transformed into a hospital by one of the transient kings of Sicily early in the last century—I cannot find exact dates as I have mislaid my *Baedeker* for Southern Italy.

This Hospital might have gone on for many years hence—perhaps centuries—with modern improvements of sanitation; were it not that, without being hit, all it walls had been so shaken to bits that it would not stand this.

The cause of this damage to it had been a super-bombing raid on Palermo organized by the British and American authorities to show Mussolini how forceful they were and to strike terror into his very soul.

How fatuous these things are ! I do not suppose the loss of an out-of-date hospital in a distant province had any effect on Mussolini. The man who was inconvenienced by it was the surgeon operating there on an emergency, three floors up, in a theatre at the angle of the building that pointed in the direction from which our planes were coming.

Yours, etc.,

T. B. LAYTON.

The Shaws,
Neuchapel Road,
Lingfield, Surrey.

Boric Acid, Fruit and Posteriors

SIR,—It was not my intention to convey the impression that boric acid, used in the manner and quantity described by Dr. MacKeith, is not an effective cure of napkin rash. What I said was that it is a "poor bottom-preserver"—a matter of prophylaxis.

I believe, however, that death due to boric acid poisoning has been recorded as resulting from its use in treating napkin rash. This alone tempted me to try an alternative substance and benzalkonium chloride incorporated in a cream proved to be an even more efficient remedy.

Now to bacteriology—or rather my simplified conception of it. It would seem that bacterial metabolism (and most unfortunately that of yeasts also) becomes inhibited as the end products of chemical activity accumulate in the environment. If this end product happens to be alkaline, e.g., ammonia, presumably the addition of a different alkali to the environment will tend to inhibit the metabolism.

Perhaps, at this stage, it would be best to invite the comments of a bacteriologist who will, no doubt, succeed in dispatching me to join Dr. MacKeith in dissatisfaction albeit, in my case, hardly an intellectual one.

Yours etc.,

B. A. TUDGAY.

Belmont Surgery,
Wadhurst, Sussex.

SIR,—May I be permitted a few comments on this interesting correspondence? I think it is agreed that napkin dermatitis of one variety is due to the production of large amounts of ammonia by urea-splitting organisms. These organisms, which may be certain strains of staphylococci or Gram negative rods, are found on the skin of the perineum and buttocks or on a previously infected napkin (probably both).

It seems a trifle unreasonable to try to interfere with bacterial metabolism by citrate therapy, or to neutralize the end-products of such metabolism with boric acid, when a direct attack on the causative micro-organism can be made. The highest urinary pH which can be obtained with oral citrate is in the region of 8.0—8.1, and I very much doubt whether urea splitting ceases at this figure. It is further unlikely that such pH values still exist when the voided urine has spread over the skin and has been absorbed into the interstices of the napkin. Citrate therapy has some place in the symptomatic relief of established urinary infections with E. coli, where a highly acid urine produces severe dysuria. Neutralization of the urine will relieve this but I do not think bacteriological cure is achieved. A similar effect may be obtained with napkin dermatitis where an acid urine irritates an already excoriated skin. However, citrate can have little effect on the underlying cause. Urea-splitting organisms which colonize the perineal skin can be eliminated by the use of a cream containing 0.5—1 per cent. Cetavlon or Hibitane. Neither of these substances have the disadvantages of antibiotics since sensitization and resistance rarely occur. Their action is bactericidal and the spectrum of activity is wide. Re-infection can be prevented by boiling the napkins at least once.

I hope that the clinicians will not think that I am arguing from "bench to bottom". This treatment seems to work in practice.

Yours etc.,

KEVIN ANDERSON.

Central Laboratories,
St. Paul's Hospital for Genito-Urinary Diseases,
London, W.C.2.

Dentist's Dilemma

SIR,—I am one of a limited number of my colleagues who received training as an "Oral Hygienist" in the Royal Air Force before commencing my academic training.

Those of us who were—or had been accepted as—dental students realized very soon how limited was our knowledge. And we all found bitter opposition to the use of ancillaries among many of the dental profession in the R.A.F. Many

were very particular to show us our faults and limitations, others were completely disinterested and would not help us in any way.

This is the kind of relationship which is going to be repeated in the School Dental Service of tomorrow. " Adequate " supervision will be given by those who on the whole object to this scheme, and by a few who in order to promote a new idea, alienate themselves from the majority of their professional colleagues.

Yours etc.,

65, West Street,
Havant, Hants.

H. D. OSMOND-SMITH.

Nurses on Committees

SIR,—Mr. Lees Read's clear and concise account of the National Health Service as it affects hospitals, published in your last issue will be appreciated by the many and varied workers in hospitals at the present day. I am sorry, however, that he did not mention the valuable contribution that can be made by nurses serving on Hospital Management Committees.

It is regrettable that a considerable number of management committees have no nurse serving on them. Some Regional Boards will not allow nurses working in hospital to serve.

May I also take this opportunity to support the plea that the notice to patients on the front gates of Guy's be couched in more pleasing terms.

Yours etc.,

7, Talbot House,
Blackheath, S.E.3.

FLORENCE TAYLOR.

Residents' Play

SIR,—I would be grateful for the use of your columns to announce the dates of the forthcoming Residents' Play. Performances will be given each evening from Tuesday 19th to Friday 22nd February. Applications for tickets should be addressed to the President of the Residents, and should reach him not later than 14th February. Every effort will be made to allot the seats fairly, but inevitably some applicants will be disappointed, and to those I offer my apologies in advance.

As usual there will be no charge for the tickets and the high cost of the production must be met by donations.

Yours etc.,

M. B. R. MACKENZIE,
President of the Residents.

Guy's Hospital, S.E.1.

Music Club Concert

SIR,—In the account of the Music Club concert in your last issue your critic states that " nowhere is the discrepancy between professional and amateur more striking than in conducting choir and orchestra ". This statement should not be allowed to go unchallenged, placing as it does the professional on a pedestal to which he is not always entitled. I would suggest rather that the amateur conductor may have a far better understanding of the amateur performer than has the professional : in practice he often achieves more than the professional in this kind of concert, for he can infect the players with the right kind of enthusiasm, and obtain a better response through his understanding of, and patience with, the numerous difficulties in rehearsal.

This is not to say that professionals are necessarily unenthusiastic and intolerant, but if the Music Club were to revert to a professional conductor they would probably draw on one of the London musical academies, which too often produce young men with a greater musical knowledge than amateurs but less understanding of how to realize their intentions in amateur performers. One does not have to look far—the D'Oyly Carte Company is an example—to see how much less desirable is the third-rate professional, with his technically slick but artistically lifeless performance, than a first-rate amateur. As one of their audience, I for one hope that the Music Club will not abandon its present experiment until it has had a longer period of trial.

Yours etc.,

Guy's Hospital, S.E.1.

AMATEUR MUSICIAN.

Sir Thomas Browne

SIR,—To anyone who has taken the trouble to write a letter or an article to a journal, there is nothing more infuriating than to see it appear with a number of silly misprints and careless ones at that.

I am prepared to believe that there may be many doctors (brought up on a literary diet of science from babyhood) who have never heard of the *Religio Medici*. On the other hand, it may interest many to be reminded that it was written at "SHIBDEN HALL, near HALIFAX" (not Shilden Hall, New Helford, wherever that may be); and the rest of my sentence should read: ". . .for, apart from its association with Sir Thomas Browne, it is a very fine old Elizabethan mansion."

The version in the Gazette just doesn't make sense.

My final sentence about Hodgkin's disease was really only meant for the editorial eye.

Is it too much to ask that you should rectify the above errors?

Yours etc.,

G. L. DAVIES.

Missenden Lodge,
Withdean Avenue, Brighton.

REVIEWS

Aids to Obstetrics. By LESLIE WILLIAMS, M.D., M.S.(Lond.), F.R.C.S.(Eng.) F.R.C.O.G. London, Ballière, Tindall and Cox Ltd. pp. viii+270. *Price* 10*s.* 6*d.*

This little book presents the essentials of obstetrics designed to meet the needs of students and practitioners as an aid in recalling knowledge already gained in the Maternity Department. By omitting all out-dated methods, controversial theories and historical data, a clear approach to the subject is obtained and the essential points emphasized.

A dogmatic style, as the author informs us, is necessary in a book of this size but an objective judgement has been exercised in the choice of material. Welcome additions to the new edition is the chapter on psychiatry in relation to obstetrics and the appendix on drugs used in obstetric practice, and notwithstanding the enormous expansion in obstetric knowledge over the past twenty years, the present edition contains only 56 more pages than that of 1936.

Like its predecessors this little volume should prove very popular and the only valid criticism is the lack of explanatory diagrams.

A.T.McN.

Aids to Biology. By W. H. NEVILLE, B.Sc. 4th Edition. Baillière, Tindall & Cox, Ltd. *Price* 8*s.* 6*d.*

This admirable series of miniature essays reflects the continued trend in biological teaching to deal with biological principles rather than a more or less detailed study of botanical and zoological "types." From this point of view the student or teacher who has come to biology by way of botany and zoology will find a new horizon in this "Aid," now in its fourth edition.

Mr. Neville has added further material to make the chapter on classification more comprehensive, and has largely rewritten and improved the chapter on water-relations. Photosynthesis has been treated in a slightly more modern fashion, but one recognizes that there are inherent difficulties in trying to bring up to date a subject in which knowledge is changing so rapidly.

It is a pity that the text-figures have not been redrawn or omitted as recommended in a review of the second edition (1948).

The book is firmly recommended as supplementary reading for medical and dental students in their first year.

E.W.B.

MISS E. E. P. MACMANUS

Miss MacManus sends her thanks to the many old Guy's friends who have remembered her with Christmas Cards. She wishes them all a Happy and Prosperous New Year.

SPORT

RUGBY FOOTBALL

Guy's *v.* Richmond

At Richmond. Won 20—11.

At Richmond on Saturday the spectators were treated to a delightful, fast, open game of Rugby. Guy's gained a well deserved victory by four tries, a goal and a penalty goal to two tries and a goal by Richmond. Although the score at times was close one always felt that provided our outsides, who handled well and played with confidence in one another, were given enough of the ball then Guy's would win the day. And so it was, for the score if anything was ungenerous to Guy's. Opposed, and, in the first half, outshoved by a heavier pack, the Guy's side with Russell hooking excellently, were never outhooked. In the second half the Hospital pack wore down the surprisingly docile Richmond forwards and Buirski, Sale and Bryant in the back row worried the nervous Richmond halves into some butter-fingered and inaccurate passing. Thus the fast and dangerous Richmond left wing three-quarter, J. L. F. Allan, was left to stagnate and ached for a decent pass the whole afternoon.

The Guys outsides moved as well as one has seen them do this season with Hawley in the centre playing very well and providing most of the thrust. In defence, however, there were one or two chinks which must be repaired before the Cup games start. The game was notably free, and all the better for it, from this incessant kicking ahead in attack which surely, unless directed with pin-point precision can only be of advantage to a well organized defence. At full back Armour played a fine game; his handling and touch kicking could hardly be faulted. His place kicking with a heavy, greasy ball fell just short of the high standard we have come to expect of him, length rather than direction being at fault. Perhaps the ball had taken root? Surely there is no need to take quite such an age over the penalty kicks?

Guys scored first; from an orthodox three-quarter movement Hawley raced through a narrow gap, outpaced the defence and scored in the corner, 3—0. Richmond retaliated with a try under the posts and their kicker, Watly, bisected 3—5.

With Richmond pressing Hackett from just within the Guy's half gathered the ball, beat his man on the outside, passed to Hawley who broke through in the centre, gave a perfectly timed pass to Smith on the wing, who raced past his man to score, 6—5. Just before half time a scrimmage infringement by Richmond was suitably chastised by the right boot of Armour, 9—5.

Richmond kicked off in the second half and the enthusiasm of the moment led half a dozen of their forwards over the line before the ball. Officially recalled, there followed a period of attacking play by the hospital three-quarters in which they nearly scored once and almost certainly would have done a second time had Hawley been able to pass a little earlier. Eventually a duet on the left wing between Smith and Lindsey resulted in a try. Lindsey passed to Smith who beat his man on the outside passed inside again to Lindsey, who palmed the full back into the mud and ran over to score, 12—5.

Richmond, however, were by no means defeated. They responded with the best try of the match. The ball must have passed through every man's hands, in a movement started on the Richmond line, before it was finally grounded. Even the corner flags were seen to flag madly in approbation of this fine try. 12—8. Richmond, rather against the run of play, scored again, 12—11.

Thus stung the Hospital remained on top for the rest of the game scoring twice, once through Hawley, who, receiving a pass from his scrum half near the line weaved through a disorganized defence to score, 15—11. And the second time through Cooke, who, as ever in the van of the forwards, touched down a kick ahead by Sales which must have been perilously near the dead ball line. The drizzle of the morning reappeared and one was left with the memory of a very entertaining match to brighten an evening of unrelenting gloom.

Residents *v.* Students

Saturday, 29th December. At H.O.P.

A small, but appreciative, group of spectators gathered at H.O.P. on Saturday, 29th December, to watch the traditional match between the Residents XV and a Students XV. The Residents were faced with a team closely resembling the Guy's 1st XV; that they justified the strength of their opponents was reflected in the standard of play, although greater cohesion behind the scrum on the Students' side enabled them to win by 22 points to 6 points.

For the Residents L. Rankin at scrum-half was agile and elusive, amply served as he was by the hooking of C. H. Kinder. For long periods the Residents were packing lower and getting the ball back in spite of a strong right-hand deviation which remained to no-side. J. D. Carroll opened the scoring with a penalty for the Residents, but superior speed, especially by Evans in the centre, had the older team guessing. Throughout the game it was obvious that the Students three-quarter line held cohesion and thrust which their opponents found hard to intercept. J. D. Carroll at full-back was a tower of strength, kicking two penalty goals to give the Residents their 6 points.

At half-time the score was 10-3, with little sign of flagging on the senior side. Wind was short, Scrum caps slipped, bandages discarded and the boots were a difficult fit, but an occasion for attack was eagerly snatched. P. R. Lyon showed an amazing burst of speed for one re-appearing after a long retirement. The forwards, a blend of the fit and the experienced, more than held their own. D. M. Smith in fiery mood exhorted his colleagues in no uncertain manner. J. D. Williams made a beautiful mark which surprised not only the delighted spectators, but himself as well. Only towards the end did the relentless attack of the Guy's backs find the weakness of the Residents' defence, and exploited it to the full. Stan Cooke, unusually seen at outside-half, displayed some graceful skating slides, but had his three-quarter line moving in impressive fashion.

It is impossible to mention all the heroes from this day's play. The Students team played well and hard, the Residents left the field muddy, exhausted and with the morrow's stiffness still to come, but although beaten, with heads held high—living to fight another day.

Teams

Residents

J. D. Carroll

—

P. R. Lyon
P. Sheard
R. M. C. Butler
J. D. Williams

—

G. Baker
G. L. Rankin

—

D. Smith
C. H. Kinder
R. S. Henderson
F. G. Ellis
J. Morgan
D. A. Lillicrap
D. Southcott
G. Clinton-Jones

Students

P. Pitt

—

M. Saunders
A. Buirski
C. Evans
J. Sales

—

S. A. R. Cook
R. Hawley

—

M. Russel
G. Hayes
J. Van den Berg
M. Lindsey
W. Hackett
R. Elsdon Dew
J. Eustace
W. Whitrow

HOSPITAL INFORMATION

NEW YEAR HONOURS

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Air Vice-Marshal John Conrad Neely, *C.B.E.*, D.M. (Oxon.). Q.H.S.

C.B.E. (Civil)

Ronald Epey Lane, M.D.(Lond.), F.R.C.P.

DENTAL HOUSE SURGEONS

8/2/57—7/8/57

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Children's Department: Mr. D. M. Carpenter

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Junior Lecturer in Pharmacology** at Guy's Hospital Medical School. The appointment will commence as soon as possible until 30th September, 1958, in the first instance. Salary £700 x £50 to £900 for those holding a medical qualification, or £600 x £50 to £700 for those non-medically qualified.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **7th February, 1957.**

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties in February, 1957, or as soon as possible:

Minor Oral Surgery—Part-time Registrar to attend on 6 sessions per week.

Dental Radiology—Part-time Registrar to attend on 6 sessions per week.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Thursday, 31st January, 1957.**

CONSULTANT ANÆSTHETIST

The Board of Governors invites applications for the appointment of **Consultant Anæsthetist**, for attendance on five sessions per week. Candidates should hold a higher qualification or the F.F.A., R.C.S. The conditions of service will be in accordance with the Terms and Conditions of Service of Hospital Medical Staff. Applications (1 copy), together with the names of three referees, should be lodged with the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later **than 14th February.** In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

HOUSE APPOINTMENTS

1st March, 1957

Applications are invited for the following House Appointments at Guy's Hospital due to commence on 1st March, 1957.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians 2
(1 *Pre-Registration—Commencing* 1.3.57)
(1 *Pre- or Post-Registration—commencing* 1.5.57)

Throat and Ear and Ophthalmic House Surgeon (*Pre-Registration*) 1
(Three months at Guy's Hospital followed by three months at New Cross Hospital for E.N.T. duties only.)

Neurological House Physician 1
(*Post-Registration*)

Children's House Physician (*Pre-Registration*) 1
(*Second six months candidates only.*)

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

House Physician in the York Clinic 2
Senior House Officer (1 *commencing* 1.4.57)
(1 *commencing* 1.5.57)

R.M.O. in Nuffield House 1
Commencing 19.5.57

The Medical Committee will also consider applications for posts at outer hospitals as follows:—

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House Surgeon (*Pre-Registration*) 1
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House Physician (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital, in order of preference, should be lodged in the Superintendent's Office not later than **Friday, 1st February, 1957.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians, should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES.

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time, in order to avoid delay in obtaining a post. A number of recognized posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

UNIVERSITY OF LONDON

Reader

Dr. J. A. Nissim, senior lecturer in Pharmacology at Guy's Hospital Medical School, has had conferred on him the title of reader in Pharmacology in the University of London.

Recognition of Teachers

The following have been recognised as Teachers of the University and assigned to the Faculties indicated.

Full Recognition

Brian Gerard Ackner, B.A., M.D. (Camb.), M.R.C.P., has been recognised as a Teacher of Mental Diseases at the Institute of Psychiatry.

Geoffrey Robson Webster, M.A., B.M., B.Ch. (Oxf.), as a Teacher of Pathology (Chemical Pathology), at Guy's Hospital Medical School.

Probationary Recognition

Gordon Willie Garland, M.D., M.R.C.O.G., as a Teacher of Obstetrics and Gynaecology at St. Thomas's Hospital Medical School.

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Part II

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*St. J. Dowling
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NURSING NEWS

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S/N J. Hellyer.
S/N Van der Berg.
S/N Woodman (*Evelina*).

Entered : S/M Roy to *Victoria*.
S/N Southwell to *O.P. Dept.*
S/N Dovaston to *O.P. Dept.*

Promotion : Sister Brayford to *Lydia*.

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PAPERS BY GUY'S MEN

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Vertue, H. St. H. Venus and Lucretius. *Greece and Rome*, Jubilee Number, October, 1956, Vol. III, No. 2, p. 140.

CHANGES OF ADDRESS

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Phillip A. Zorab, M.B., B.S., M.R.C.P., 12, Riverview Gardens Barnes S.W.13. (Tel. Riverside 5492.)

BIRTHS

ANTHONY-DAVIES.—On 12th December 1956, at Freedom Fields Hospital, Plymouth, to Deirdre (née Cowan, S.R.N.), wife of J. C. Anthony-Davies, M.B., B.S., a daughter (Elizabeth).

BROUGHTON.—On 6th January, 1957, to Josephine (née Watson), wife of David Broughton, M.B., B.S., a son James Andrew, brother for Judith, Jane, Louise and Michael.

LENNIE.—On 19th December, 1956, at North Herts Hospital, Hitchin, to Thelma (née Piercey), wife of David Lennie, M.B., B.S., a daughter (Diana).

O'CONNOR.—On 16th November, 1956, to Angela (née Diamond, S.R.N.), wife of Peter O'Connor, M.B., B.S., Dept. of Pathology, University College, Dublin, a son (Malachy).

O'KEEFFE.—On 23rd December, 1956, at Nakuru War Memorial Hospital, Kenya, to Isobel (née McNeill), wife of Declan O'Keeffe, M.B., F.R.C.S., D.T.M.&H., a son (Anthony Guy).

PAGE.—On 28th November, 1956, to Nancy, wife of Denys Page, a son (Nicholas) a brother for Christine and Anthony.

PARKS.—On 12th January, 1957, to Caroline Jean (née Cranston, M.B., B.S.), wife of Alan G. Parks, M.Ch., F.R.C.S., a son (Andrew Hugh).

SHAW.—On 15th December, 1956, at 61, The Drive, Hove, to Dorothy (née Spencer), wife of J. D. R. Shaw, B.D.S., a second daughter.

WHITFIELD.—On 4th December, 1956, at Nuffield House, Guy's Hospital, to Shelia (née Copeland, S.R.N.), wife of Ian Whitfield, LL.B., a son (Michael John).

WILLIAMS.—On 11th December, 1956, at Ipswich, to May (née Finlay), wife of J. D. R. Williams, M.B., B.S., a daughter.

DEATHS

ALLAN.—On 3rd January, 1957, at 145, Croydon Road, London, S.E.20, after illness of many years, Surg. Lt.-Cmdr. William James McBain Allan, R.N. (retired), M.R.C.S., L.D.S.

BERRY.—On 31st December, 1956, Douglas Haycroft Berry, M.R.C.S., L.R.C.P., of 36, Devereux Drive, Watford, Herts.

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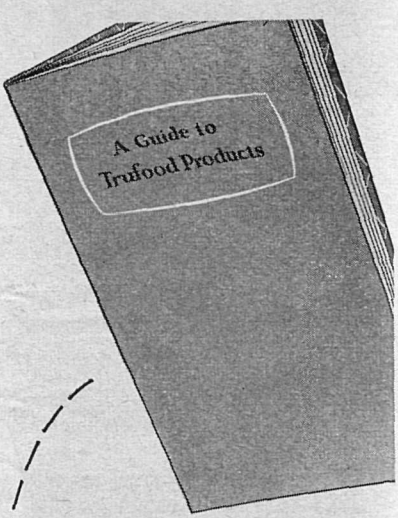

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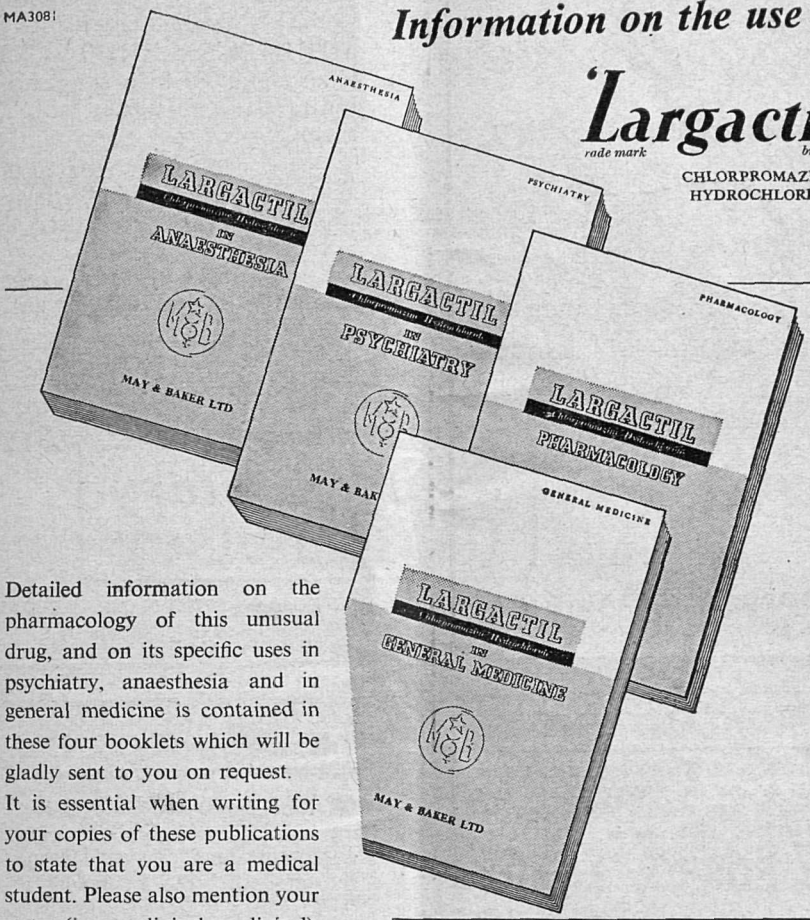

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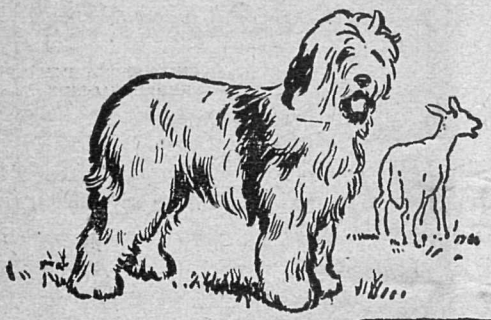

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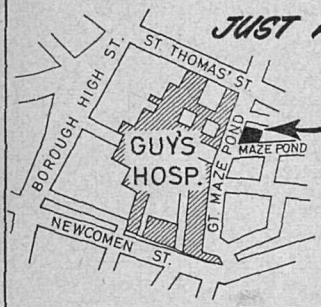

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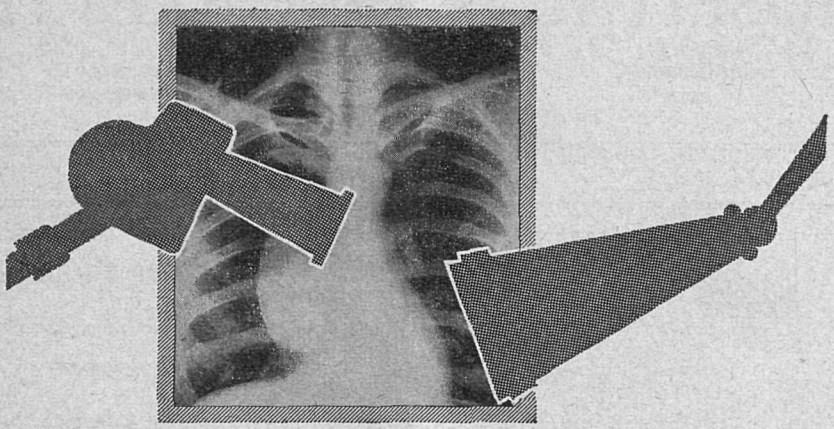

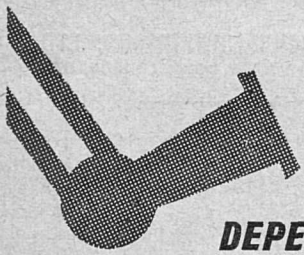

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GUY'S HOSPITAL GAZETTE

2nd February 1957

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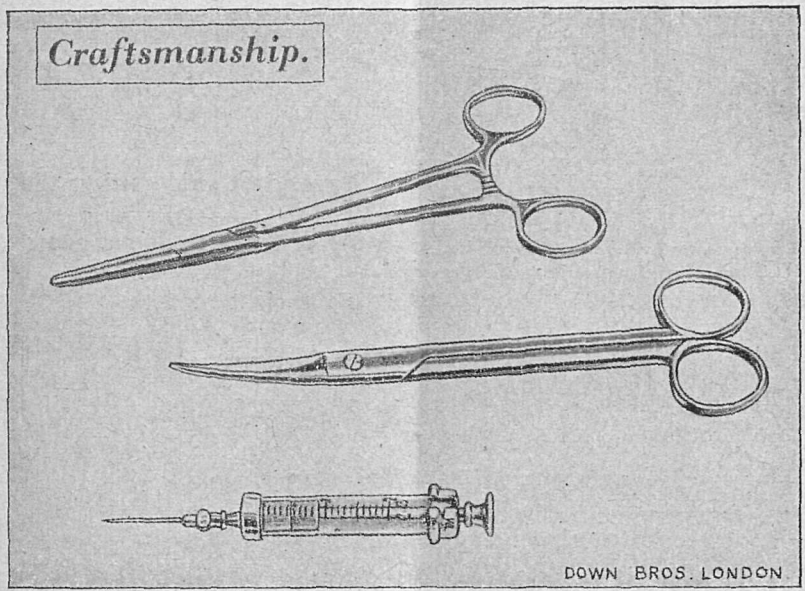

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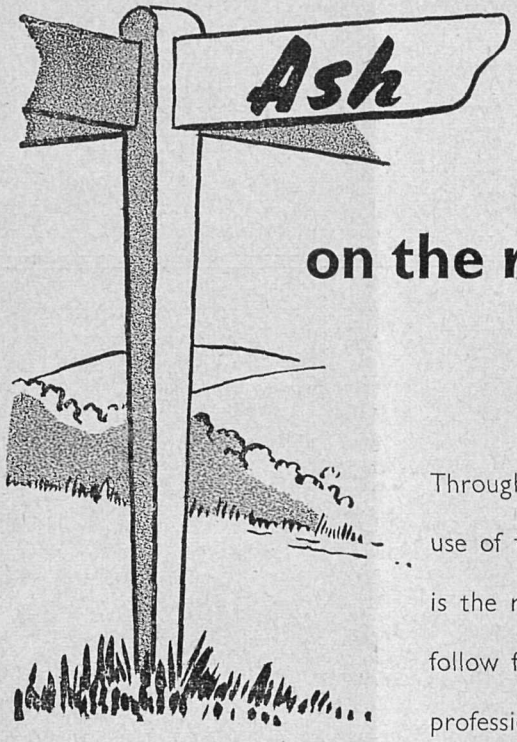

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PASSIM

21 *Guns* (*and a magnum for luck*).

THE arrival of the immortal rider from Ghent can have caused no greater flurry at Aix than did some recent news at Rheims. The birth of a new princess in Monaco is excitement enough, but the crowning triumph was the solemn instillation of two drops of champagne into the baby's mouth within a few hours of birth. This method of disposing of the last traces of *liquor amnii* will please all save those surly churls who would have nothing better than still lemonade in their blue ribboned Jeroboams.

The advantage of this sort of thing is that it can lead to singular flights of fancy. Should this custom be extended ? We know that it was practised in many parts of the world in some form or other. In the Ukraine evil spirits from the underworld were banished by an offering of Vodka to the neonate. So too were babies in County Clare inducted to the rare delights of tippling. There a drop of Poteen or even (shame upon it !) revenued usquebaugh was offered sacramentally to the new customer by the innkeeper. Whether it really reached the baby is questionable—midwifery and parenthood were ever thirsty tasks.

It is not only the baby that is saluted with full alcoholic honours. In the Western Isles the traditional offering of a dram or two of best *Uisge-beatha** was left for any fairies who might be thirsty after the events of the day. Economy demanded of course that the fairies must seize their portion quickly, for mortals have thirsts as well and soon repent of excessive generosity to immortals.

We think that there is a glorious opportunity awaiting our distillers. For, was the custom of post-natal libation to come back to Britain, there could be a golden future for the makers of our best whiskies, rums and gins. Perhaps just a drop or two on the babies' tongues (mixed with colostrum or Ministerial orange juice to please the faddists) could drive away evil spirits, kelpies, teetotalers and halitosis.

There is one important consideration. Any fluids intended for paediatric potations would have to be sampled by the doctor. If anyone should ask us, we will recommend pure highland dew for all the best infants—none of this foreign stuff, full of acids and gas, even though it satisfied Monaco's heiress. We make a generous offer. Samples of drinks intended for babies' Bacchanalia will be analysed with despatch. Parcels should be addressed in the same way as is the

**Gaelic*—Water of life (Whisky).

perfervid correspondence which rages at present on the less attractive subject of the ravages of ammonia on babies' sterns. Has anyone thought that alcohol taken neat or with just enough water could slaughter all of the organisms that make nappy rash so great a bogey ?

We congratulate Professor J. T. Irving of Johannesburg on his election to the Honorary Life Membership of the New York Academy of Sciences. Professor Irving who is, of course, a Guy's man, is the Director of the Dental Research Unit at Johannesburg.

Many of our readers will be grieved to hear of the death of Mr. Rufus Thomas who was for some years Senior Obstetric and Gynaecological Surgeon at Farnborough. Mr. Thomas who qualified at the Westminster Hospital was an excellent teacher. He contributed a great deal to the value of the time which was spent (at Farnborough) by many Guy's students during their midwifery appointments. We know that all the Guy's men who were taught and who worked with him will wish us to express our sympathy to his family.

Readers of recent *Gazettes* would have noticed that aspects of the catering situation at Guy's were discussed in *Passim* and that subsequently the Hospital Catering Officer took us up on some of these points. Lest there should be misunderstanding, we would like to emphasize that we in no way wished to disparage the valuable work of Mr. Kingston and his staff for whom we have the highest regard. The Hospital kitchen will emerge triumphant from comparison with any similar establishment in the country and we know from personal observation of the standards of cleanliness in Mr. Kingston's department, and of the quality of food and craftsmanship which is displayed. Those who have had a Guy's Christmas Dinner will see what we mean. Mr. Kingston's assurances that the hygiene of food in transport is guarded will satisfy many of our readers who might have been concerned that such practices as the carrying of uncovered trays was common.

Of the departments at Guy's there is none that deals so good-humouredly with such a volume of patients as does the out-patient department. The administration of the department is always a task of some complexity and, of course, considerable responsibility. We note that Sister Goodman who has, for several years, been in charge is resigning and leaving the Hospital. We congratulate her on the standard of work which has been achieved during her stay and wish her every happiness. Sister Chrimes, already a prominent figure in the Hospital community, is assuming responsibility for this important department. We congratulate her upon her appointment and wish her well.

We welcome Miss Ann Harding who has come to Guy's to assist the Chaplain in his work. The part played by the Chaplain and his helpers in the Hospital life is most important. We are fortunate in the splendid way in which Mr. Childs serves the community which makes up his parish.

Dr. H. St.H. Vertue's articles have delighted many of our readers in recent years. We were pleased to see that an article from his pen on "Venus and Lucretius" had appeared in the Jubilee Number of *Greece and Rome.*

Our humiliating defeat in the first round of the Hospital Cup has been followed by a flare-up of mascot warfare. The Bart's mascot —a large concrete elephant—was stolen one evening in an exploit full of skill and bravado but singularly lacking in drama. The head was passed over the wall, while the body was pulled unchallenged through the main gate on a trolley. The owners have been allowed to recover the torso but the head remains hidden in the possession of Guy's. Retribution came all too swiftly, and the Hospital woke one morning to find Thomas Guy tarred and feathered, an ignominious fate making Mr. Mansie's letter on page 60 ironically out of date, though the Works Department has been quick to restore the statue to its former state. Old Bart's and Guy's men will doubtless shake their heads sadly at the unopposed ease with which both these acts of aggression were carried out.

We congratulate Mr. G. M. Davies who has been selected to represent Wales against Scotland in the Squash International to be played this week. The Squash Club has had some very good performances lately and Mr. Davies's selection adds to its already considerable lustre.

Before Edgar Tomlin died he was repairing a watch for someone. Neither his sister nor any of his friends know whose property this was. If anybody claims this watch, would they be kind enough to get in touch with the Editor at the *Gazette* office giving particulars so that these may be passed on to Miss Tomlin.

We welcome a new contemporary to the crowded scene of medical journalism. *Medical History* "a quarterly journal devoted to the history and bibliography of medicine and the related sciences" is published for the first time in January of this year. It is edited by W. J. Bishop and published by Messrs. Wm. Dawson & Sons Ltd. This journal, of which subsequent issues will appear quarterly, has an excellent start with its first article on Blue Books by Sir John Charles of the Ministry of Health. We wish it long life and good health.

Guy's men and women will be sorry to hear that Grattan's bookshop in Borough High Street has closed. The shop which has served Guy's for so many years shut after only very short notice. This has produced a further decrease in the cultural facilities which are available locally. St. Thomas's Street used to boast another bookshop but that closed some years ago. Now we have, it is true, our own branch of Messrs. W. H. Smith & Co., but the general population of the Borough will have to go to the station bookstalls (not a very peaceful place for browsing), or over the river if they want to find a bookshop.

GUY'S DIARY

FEBRUARY			Exhibition. Department of Surgery. *Peptic Ulceration.*
4th	M	1.00	Mr. J. S. Batchelor. Clinical Lecture. *Congenital Dislocation of the Hip.*
		5.00	Endocrine Demonstration. Dr. P. M. F. Bishop. *Thyrotoxicosis.* Preclinical Classroom.
5th	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture.
		5.15	Dental Society. Students' Communications. (Tea 4.45).
7th	Th	4.30	Physiological Society. Mr. D. Smith. *Sexual Impotence In Women.*
		5.00	X-ray Meeting. Medical X-ray Department.
8th	F	1.00	Dr. R. T. Grant. Clinical Lecture. *Constrictor Substances In Human Blood.*
9th	S		Surgical Departmental Round. Mr. R. W. Nevin (St. Thomas's Hospital). Clinical Theatre. Rugby 1st XV *v.* Old Paulines (H.O.P.).
11th	M	1.00	Mr. R. H. F. Brain. Clinical Lecture. *A Recent Visit to America.*
		5.00	Endocrine Demonstration. Dr. P. M. F. Bishop. *Hypothyroidism and Cretinism.* Preclinical Classroom.
12th	T	1.00	Mr. Philip Reading. Clinical Lecture. *Acute Otitis Media.*
14th	Th	1.00	Mr. L. Willmore. Clinical Lecture.
		5.00	Mr. Peter Schurr. Neurosurgical Round. Clinical Theatre. X-ray Meeting. Medical X-ray Department.
15th	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
16th	S		Rugby 1st XV *v.* Aberavon (H.O.P.).
18th	M	1.00	Dr. I. C. K. Mackenzie. Clinical Lecture.
		5.00	Endocrine Demonstration. Dr. P. M. F. Bishop. *Surgery in Endocrine Disorders.* Preclinical Classroom.

GUY'S HOSPITAL REPORTS. Vol. 106. No. 1.

Editor : SIR RUSSELL BROCK, M.S.

Assistant Editor : J. C. HOUSTON, M.D.

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OBITUARY

ARTHUR HENRY CROOK, M.A., M.CHIR., F.R.C.S.

In the death of Mr. Arthur H. Crook, Eastbourne has lost a revered and well-known member of the Medical Profession.

A. H. Crook obtained an Exhibition Scholarship from Cambridge to Guy's Hospital from which he qualified in 1908. He held the post of House Surgeon to Sir Charters Symonds and Obstetric House Officer; he obtained his F.R.C.S. in 1911 and his M.Ch. in 1912. During his hospital days he had been captain of a soccer team at Cambridge, and was also in the Rugger fifteen at Guy's. He came to Eastbourne in November, 1912, to join Dr. Astley Roberts. He was married in January, 1913.

Just before the war in 1914 he was appointed as Assistant Medical Officer to the Princess Alice Hospital and he also joined the R.N.V.R. He was immediately called up and served in Antwerp and Gallipoli, was mentioned in dispatches and then later saw action on the Somme and in Ireland.

On his return to his practice he again took up his work at the Princess Alice Hospital; in 1922 he became Surgeon. In 1936 he was now due to retire from the staff after 15 years as a senior, but his services were considered of such value that the post of Fracture Surgeon was created and he was appointed, for this work he did post-graduate study abroad and in England. His total service on the staff is an outstanding record of 39 years, 1914-1951 and has even up to 1956 continued as a locum during holiday periods.

In his practice life he was associated with Dr. Astley Roberts and later with Drs. Merry, Payne and Nicholls and later still Dr. Ford, then with Drs. Kent and McSwiney.

During the last war he was in the Special Government Scheme for Eastbourne.

Arthur Crook was a very keen sportsman, playing football in his early days. In 1933 he helped, with Dr. Ross Taylor, to found the Eastbourne Sailing Club, he was first the Vice-Commodore, then the Commodore and Vice-President for life.

He was an enthusiastic Sussex Downsman and District Officer for a number of years. He had travelled widely on the Continent, and he was interested in people and their welfare more than the Arts or Antiquities.

His family life was one of great happiness and our sincere sympathy goes to his widow, three sons and daughter. He saw his last patient on Wednesday, 16th, and died on Saturday, 19th, truly in harness to the end as he would have wished.

ROBERT ASHLEY RAMSAY TOPPING, M.R.C.S., L.R.C.P.

We record with deep regret the death on 8th December, 1956, of Lt.-Col. R. A. R. Topping, R.A.M.C. Colonel Topping was commissioned in the Royal Army Medical Corps in 1939, after qualifying at Guy's and served in the Middle East, Greece and Italy where he was mentioned in despatches. Later he served in Korea and distinguished himself as a pathologist. At the time of his death he was Assistant Director of Pathology for Northern Command. He was son of the late Professor Andrew Topping, former Dean of the London School of Hygiene and Tropical Medicine. A colleague writes of his quiet and retiring disposition and of the friendship and respect that he had among his colleagues. Our sympathy goes out to his wife.

Seventy Years Ago

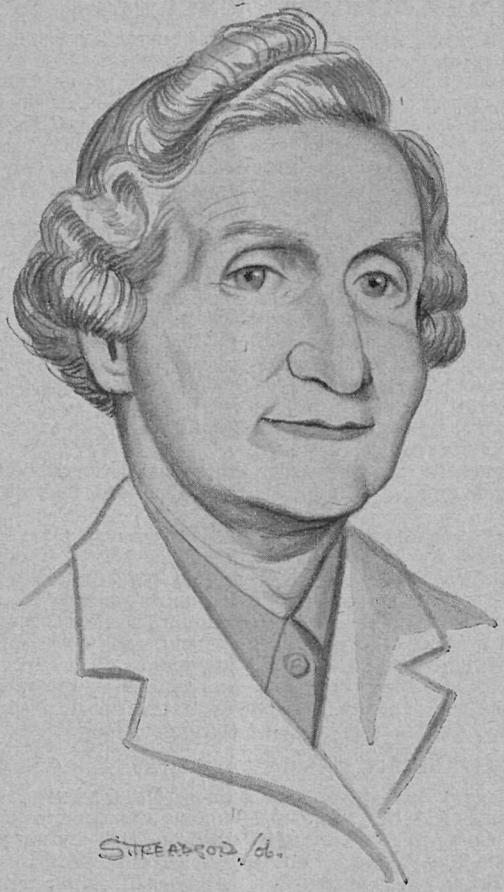
From Guy's Hospital Gazette, 5th February, 1887.

PASSIM

The Special Appeal Fund has, the Treasurer informs us, reached £44,000. May it still increase.

Seventy-two pounds were collected in the little Church of St. Paul's in Bermondsey. We hope the other Churches in the neighbourhood, and they are many, will follow the example so set them. It can hardly be a debateable question whether those who suffer in the body at home are not more deserving of charity than the savages who are contented in mind—till they are converted—abroad. Yet how many thousands of pounds are annually so spent in questionable tenets, while Hospitals are struggling with inadequate means to relieve sickness, and pauperism is increasing, and thousands are half starving, and these facts are unquestionable at home ?

GUY'S PERSONALITIES (6)



Drawn by Sylvia Treadgold.

MRS. BASTICK

Guy's Hospital Catering Company

1941—1956

All were sorry when Mrs. Bastick was forced to retire owing to ill health.

When Mrs. Bastick came to Guy's in 1941, the College Dining Room had been closed for some months and temporary catering arrangements made for Staff and Students in the Staff Common Room, the Biology Laboratory being used as a kitchen. These must have been very difficult times, and yet Mrs. Bastick remembers them with pleasure. When the College Dining Room was re-opened in April 1945, Mrs. Bastick worked there until she became supervisor of the Staff Common Room on its re-opening (this time for Staff only) in October 1946.

Mrs. Bastick was very much liked by all who used the Staff

Common Room and she soon learned the likes and dislikes of any newcomer. She will be remembered for her unfailing cheerfulness. The good wishes of all go to Mrs. Bastick in her retirement, and we hope that her health will improve now that she is leading a more leisurely life.

NOTICES

GUY'S HOSPITAL STUDENTS' CLUB

ANNUAL GENERAL MEETING

The Annual General Meeting of the Guy's Hospital Students' Club will be held in the Quiet Games Room on the first floor of the new Students' Club premises on Tuesday, 26th February, 1957, at 12.15 p.m.

A. W. R. WILLIAMSON,
Hon. Secretary.

AGENDA

1. To confirm and sign the Minutes of the last Annual General Meeting.
2. To receive the Treasurer's report for the year 1955-56.
3. To report that the new Students' Club premises were opened on 1st January, 1957.
4. a) To consider proposed amendments to the Rules and Bye-laws, made necessary by the opening of the new premises. The proposed new Rules and Bye-laws, which include the amendments suggested by the Students' Club Committee, are posted on the notice board on the ground floor of the new premises, together with a copy of the old Rules and Bye-laws for reference.

   b) To consider a further amendment to the Rules and Bye-laws, the motion standing in the name of Mr. I. Christie. A copy of this proposal is similarly posted.
5. To elect representatives to the Students' Club Committee.
6. Any other business.

ART SOCIETY

Mr. David Lewis, Lecturer in Fine Arts in the University of Durham, will give an illustrated talk on :

Some Aspects of Modern Art

on Thursday, 7th February, at 5.0 p.m. in the Dental Theatre.

MOUNTAINEERING CLUB

A meet will be held in North Wales on the weekend 15th—17th March. Accommodation and transport has been arranged for a party of 14 and it is hoped that the total cost will be about £2 5*s.* 0*d.*

LONGEVITY

By J. A. WALL.

A paper read to the Guy's Hospital Physiological Society.

Longevity, which means length of life, is a subject which has always held a great deal of fascination for the layman, who is impressed by long life in others, and usually wants to achieve it himself. It has also been a fruitful field for popular statisticians, who have shown great enthusiasm, and even a little accuracy, in contrasting the expectations of life of modern man with those of his less long-lived forebears. Longevity as a word has two applications, to society in general and to the individual, and we may also consider the subjective effect of old age on the individual, and its objective effort on the society in which he lives.

You may know the popular song which declares "I'm gonna live till I die". This very profound statement exactly puts the point at question. It is fair to say that the age at which one dies depends on how long one succeeds in avoiding death by accident or disease. But the logical next step is that since we all die after a maximum of perhaps a hundred and ten years, there must be a point beyond which no-one can continue to escape the multifarious causes of death which compete for him. The Registrar-General recognizes nine hundred and ninety-nine distinct causes of death, of which senility is only one. One is led to ask oneself whether it is possible to die of old age as such. Has an individual a maximum capacity which limits his life, so that he must die of a general wearing out of his tissues at an advanced age? The vast majority of human beings die of specific and identifiable failures of structure or function, and in a given year very few deaths have to be attributed to senility and unspecified causes. Nevertheless, it seems to me that virtually all deaths other than those caused by accident or infection are in fact deaths of old age, though not specified as such. These include the deaths from sclerosis and degeneration of the heart and arteries, and vascular lesions of the central nervous system. In addition, the age incidence of deaths from cancer allows a case to be made for it as a disease of ageing tissues, as it is essentially due to loss of control over what should be the normal replacement of tissue.

Animal cells are continually being rebuilt and their molecules replaced. There seems to be no factor in this rebuilding of particular cells which demands the death of the tissue at any age. Dr. Alexis Carrel in America performed the famous and lengthy experiment of keeping some isolated cells from the heart of a chick embryo in a nutrient fluid, regularly replenishing it and removing waste products, to allow metabolism and life in the cells to proceed in the optimum conditions. He abandoned the experiment when the cells showed no signs of growing old after seventeen years. In primitive animals which reproduce by binary fission, there is a sort of immortality in that each individual of a species such as amoeba, can claim continuity of substance from what one hesitates to call its parent. It seems that the protoplasm of an amoeba can die only by accident.

In higher animals, and in man, there is a degree of specialization of tissue which makes it possible for the whole body to die because of relatively poor tissue maintenance in one part of it. Man's life seems to be limited in this way to an average of something over 70 years, the biblical three score and ten, by which time most people succumb to failure of one system or another. Since a system which fails in one man at 70, may work well in another man until something else kills him at 90, or in a third may fail at 45, there is reason to hope that simply by care and

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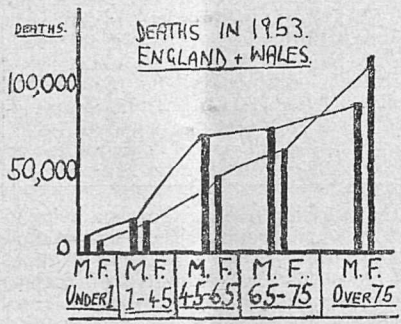
forethought man's average life span may be prolonged to come a little nearer the apparent maximum of 110. This seems, with some startling reported exceptions, to be the maximum age to which normal human beings can live. Russia claims that over 500 centenarians are at present living within her confines, of whom 20 or more are aged over 150 years. Remarkable ages have also been claimed on behalf of the Bulgarian peasantry. Danish records show that one Christian Drakenberg, a merchant seaman, who died in 1772, was born in 1626, and, if this is true, he died at the respectable age of 146.

Every year in England and Wales about 500,000 people die. If longevity is their aim, then some fall very early by the wayside. Losses are light in the age groups of childhood and youth, but from the age of 45 or so onwards, casualties are very heavy, and very few survive to do better than average in the 80s and 90s. Let us see the age at which deaths occur in a typical recent year, 1953.

GRAPH A.
DEATHS IN ENGLAND AND WALES, 1953.
By Age and Sex.



The first year of life is an immediate problem and danger. Some 10,000 boys and 7,000 girls died before their first birthday. Only twice as many deaths occurred in the whole of the population aged from one to 44 years, and very few of these were before about 30. Once the age of 45 was reached, men survived far worse than women. Between 45 and 65, there were 69,000 male deaths to 45,000 female; 74,000 men died, aged 65 to 75, and 62,000 women. Of those who died aged 75 or more, 87,000 were men but 116,000 were women. The remarkable thing is not that so many women die at ages above 75, but that so many women survive to such advanced ages in this country, when their male counterparts die between 45 and 75 in far higher proportion. It is well known that widows far outnumber widowers in this country.

If so many deaths occur at ages beyond 75, then how many of the living population are over 75? In absolute terms, far fewer people reach 75 than the death rate suggests. Here is a table to show the distribution of the population of England and Wales in age groups.

TABLE B.
POPULATION OF ENGLAND AND WALES, 1953.
(In millions) By Age and Sex.

Age	Male	Female	Total
0–5	1·7	1·7	3·4
5+	3·3	3·2	6·5
15+	2·7	2·9	5·6
25+	3·2	3·2	6·4
35+	3·2	3·2	6·4
45+	3·0	3·2	6·2
55+	2·1	2·6	4·7
65+	1·4	1·9	3·3
75+	0·6	1·0	1·6

The heavy death rates in middle age cut down each generation so that although the number of people dying at advanced ages is high, the fairly low number of people still living at those ages makes the mortality rate very high indeed. You can see how women tend to survive into old age far better than men. It is over the age of 45 that women begin to outnumber the men. It is a striking fact that 10% of the population, 4·9 millions out of 44 millions, are over 65. We can now look at the next table, which shows the death rates of the different age groups relative to the population, and shows how the mortality of the age groups has changed in the last 100 years.

TABLE C.

DEATH RATES PER THOUSAND LIVING.

	1841–50	1891–1900	1941–50
0–5	66·0	57·7	11·4
5–15	8·17	3·42	0·99
15–25	8·38	4·24	1·91
25–35	10·3	6·40	2·37
35–45	12·9	10·5	3·38
45–55	17·0	16·8	7·44
55–65	29·9	31·5	17·6
65–75	63·6	65·0	42·4
75–85	141·	137·	104·
85–00	301·	271·	216·

This table shows the mortality rate per thousand living in each age group. It is of course very high in the high groups. These figures show that our chances of living to a reasonably advanced age have improved far more in the last 50 years than between 1850 and 1900. The drop in mortality in each age group since 1900 is striking in itself and is also striking compared with the small drop between 1850 and 1900. It is especially in infancy and childhood that the dangers of death have been emphatically reduced. While death is eventually as inescapable as ever, progress has definitely been made towards enabling more people to live to maturity and a long, useful life.

It is obvious that in considering the length of life of the ordinary man, and the factors affecting it, we must look carefully at the causes of death involved. May I state a statistic. Every year, 500,000 people die in England and Wales, about 1¼% of the population. Of these, about 16,000 are described as due to senility and ill-defined causes. While it can be said that the maximum span of life is determined by physiological factors, and the average span by the intervention of accidents and disease, I think that the borderline between senility and pathology is a difficult one to draw and largely artificial. I have said that individual tissues have no integral and physiological time limit, but I think death from old age must be considered as a loss of efficient function which is normal in the ageing human, and that many causes of death regarded as pathological are simply the result of ageing processes which cannot be considered abnormal. Most people succumb to a failure, slow or sudden, of a particular system in the body. This may be fatal in itself, or fatal only because of the general senility of the body as a whole.

The cardio-vascular system is the one which gives way most often. The general changes which occur with ageing are partly known, but not well understood. From the age of about 20 onwards, calcium is continually deposited in the arterial walls, and so is cholesterol, the concentration in the walls sometimes rising to very high levels. The first effect of this is a loss of elasticity in the arterial walls—arterio-sclerosis. Since deaths from arteriosclerosis and hypertension are due to this process which is going on in all normal, healthy, young people, they are in fact deaths from old age, though they occur significantly even to men in the early 40s. In 1953, of the total of 500,000 deaths, 132,000 were attributed to arterio-sclerotic heart and degenerative heart disease, of which 60,000 were from coronary thrombosis. Another 20,000 deaths were due to general systemic sclerosis, and another 10,000 to chronic rheumatic heart conditions, notably of the mitral valve. Most of the deaths from arteriosclerosis are caused by blood clotting in the constricted, scarred artery, as in coronary thrombosis, where part of the myocardium is deprived

of its blood supply. In addition, a host of deaths are caused by actual rupture of sclerosed arteries in the central nervous system. The lenticulo-striate artery, which supplies the caudate nucleus in the forebrain, is very frequently involved, and Charcot has called it the artery of cerebral haemorrhage. A non-fatal haemorrhage leads to a motor disfunction—the familiar legacy of a stroke. In one year, nearly 30,000 men and nearly 40,000 women were killed by vascular lesions of the central nervous system, and these, too, I think are deaths of old age, since they result from an arterial condition brought about by normal and universal ageing processes. Taking these deaths with the other cardiovascular fatalities, 210,000 of the 510,000 deaths in England and Wales in 1953, some 40% of the total, were due to the inability of the cardiovascular system to continue to function normally in the face of normal stresses. We can see that there is a great deal of truth in the cliché that a man is as old as his arteries.

Some obvious changes which occur with ageing are deterioration in the functioning of the organs of special sense. In the eye, accommodation is slowly lost, the nearest clearly visible point receding as the lens loses its elasticity. This loss of elasticity starts as early as the age of ten; here again cholesterol is deposited over the years, which may be the direct cause or may not. The range of frequencies which can be detected by the ear decreases with advancing years, starting in early childhood. The chief loss is in the higher frequencies; an adult may have an upper limit of 15,000 cycles per second, a child as much as 25,000 cycles per second. Cerebral development, distinct from development of character and intellect, ceases in youth, and the ability to learn decreases slowly, but this is masked by the accuracy and wisdom which come with the accumulation of experience. Some 25,000 deaths a year are caused by gross abnormalities of the central nervous system, but these are more sudden and pathological, and on the whole normal degeneration of the central nervous system does not affect the length of life, though it affects the tempo at which life is lived.

The digestive system shows changes with age. At about 20, the volume and acidity of the gastric juice starts a slow decrease. In old people, achlorhydria is not uncommon, and certainly the whole of the secretion of the intestine decreases with age. The production of pepsin and trypsin falls off rather steeply as one nears 40. Although indigestion is common in older people, the digestive apparatus is very durable, and can outlast the rest of the body in most cases. In spite of the occurrence of total or partial achlorhydria absorption is good, and a healthy old person can utilize food as well as a young one.

The basal metabolic rate of old people is rather less on the whole than the average of younger people, but this is probably a reflection of the decrease in muscular volume and its replacement by fat and other inert substances. Some 16,000 deaths were caused in 1953 by failure of the digestive apparatus, only 3¼% of all deaths, and most of these were due to obstruction, adhesions and so on. Very few people die because their digestive system is worn out.

Renal function tends to become less efficient in old age. The excretion of injected dyestuffs has been shown to take longer in old people than in young, and the blood urea level tends to be high. Kidney failure, seen as nephritis and nephrosis, caused under 6,000 deaths in 1953, just over 1% of the total.

Muscle power is usually retained at very nearly the youthful maximum until about 40. It drops slightly then, and the drop becomes sharp in the 60s. There are histological changes in the muscles of old people which may account for the loss of power, which is more sudden than the atrophy and loss of weight which also occurs in the muscular frame. The skeleton starts to become less elastic in youth, and in old age even quite brittle. Old people are often in negative calcium balance, and fractures occur easily and heal reluctantly. There is a hardening of cartilage and a shrinking which gives the bent spine common in old people. Connective tissue proliferates and degenerates patchily, and the skin becomes dry, inelastic and slow to heal when traumatized. The bent, gnarled look of the old man develops. These changes impairing the body's resistance to injury and infection, and also its capacity for repairing and replacing tissue. The individual variations in the age and extent to which these changes occur are very great indeed, and many 40-year-old men are genuinely senile while others in their 70s are well preserved and fairly youthful.

The endocrine system, with the complex inter-reactions of its secretions, is of course of great importance in preserving youth and health. There is a shrinkage and atrophy of the thyroid in old people which can be correlated with the fall in basal metabolic rate. The pancreas secretes less insulin, and this change can

cause diabetes. Similarly, the parathyroid, adrenal and pituitary bodies tend to atrophy with age. But the individual glands have great durability, and the system as a whole should easily last a century or more. No significant proportion of people fail to reach old age because of a failure of the endocrine system recognisable as such. It is, however, almost certainly linked with other systems which break down in old age, and it may be that a slight overbalancing of the endocrine system by the stresses of life can lead to a rapid failure of another system and cause death.

The respiratory system does not change greatly in old age except in its ability to resist and recover from infection. There is a slight decrease in the ability of body tissues to take up oxygen, which may be due to a fall in the activity of intracellular enzymes such as the cytochrome oxidase system. The lungs, unless insulted over a period of years by silica or coal dust, could outlast most of the rest of the body by many years if it were not for infection. In 1953 bronchitis killed 30,000 people and pneumonia 21,000. Influenza is also classified as a respiratory disease and not as a virus infection, and it caused 6,500 deaths in 1953, though this figure varies widely from year to year. So 12½% of all deaths were due to failure of the respiratory system to resist and recover from inflammation or infection. Most of the deaths were of old people. So it seems that an important factor determining the length of life is the definite lowering of resistance which comes with age, and allows the body to be overwhelmed by an attack which it could have survived in youth.

Apart from cancer, the reproductive system and its relatively early disfunction in man seem to have no specific effect limiting the span of life. Hyperplasia of the prostate in men is fairly common, causing 2% of all male deaths, but apart from the accidents of childbearing, few women die from disturbances of the sex organs other than cancer.

Poisoning, accident or violence account for about 4% of the annual deaths in England and Wales. Motor accidents kill 3,500 on average, and falls cause 4,000 deaths; 4,500 people committed suicide in 1953, 200 died by homicide including 100 who are said to have died by "non-accidental poisoning by another person." Ten people died by execution.

When a death is attributed to senility, we may suppose that the ageing processes affected the body early and that general deterioration led to death without one organ or system failing recognisably.

In discussing deaths involving different organs and systems, I have omitted deaths caused by cancer. In 1953, 88,000 people died from neoplasms or cancers of various organs. Nearly all were over the age of 45. The otherwise robust and long-lived digestive organs, together with the peritoneum, were heavily involved, almost 38,000 deaths being from cancers in these organs. Cancer of the respiratory tract struck men far more heavily than women, and cancer of the reproductive organs struck women very heavily. In 1953, cancer caused 17·6% of all deaths, and it is one of the biggest stumbling blocks on the road to long life. What is disturbing is the spectacular increase in mortality in the comparatively short period of ten years. Between 1943 and 1953, male deaths from cancer rose from 37,000 to 47,000, almost all the increase being in cancer of the respiratory system. Deaths

TABLE D.

DEATHS FROM NEOPLASMS IN 1943 AND 1953.

	1943		1953	
	Male	Female	Male	Female
Deaths from Cancer	37,000	39,000	47,000	43,000
Digestive Organs and Peritoneum	20,000	17,000	20,000	18,500
Respiratory System	6,000	1,540	14,000	2,500
Breast	—	7,000	—	8,000
Uterus + Ovary	—	6,500	—	6,500
Prostate and Bladder, etc. ..	3,800	—	5,000	—

from cancer in women have risen from 39,000 in 1943 to 43,000 in 1953, a smaller increase, with no special site singled out. It is important to note that the death rates and the incidence rates of cancer in men and women are by no means the same thing. Cancer in men tends to strike in more inaccessible organs, and to be less easily and early detected, while cancer strikes women chiefly in accessible organs, and can be detected sooner. Let us see in more detail how cancer has increased its hold in the last ten years.

The digestive organs fall from grace very badly here. Whatever the fuss about the increase in mortality from cancer of the lung, which is bad enough, cancer of the digestive organs kills a frightening number of people every year, a number which is not decreasing at all. Deaths from cancer in women, which exceeded the male figure 12 years ago, increased by 10% against the male 27%, and cancer is now more dangerous to men. The increased danger is chiefly in the respiratory tract, trachea, bronchus, and lung. Smoking can hardly claim to be innocent in this increase.

From the figures on this graph, we see that to a society which hopes to live collectively to a happy and untroubled old age, cancer is an enemey of increasing age and importance. Its increasing grip more than counters the encouraging improvement in the death rate from infectious diseases. Infectious diseases, of which tuberculosis is the chief villain, caused only 12,000 deaths in 1953 against 34,000 in 1943. The defeat of diseases like diphtheria is a triumph, but it is overshadowed by the increasing menace of cancer.

Diseases of the central nervous system cause 9% of all deaths, but this number is not increasing. Respiratory diseases cause 13% of the total, but this percentage is not increasing either, and seems to be an unfortunate adjunct of the British climate. Cancer caused 18% of all deaths against 15% only ten years ago. This makes it an increasing menace. But another menace which is increasing is coronary thrombosis. The big increase in deaths from cardiovascular diseases largely consists of an increase in coronary thrombosis. Here is a table of cardiovascular deaths.

TABLE E

DEATHS FROM CARDIOVASCULAR FAILURE

	1943		1953	
	Male	Female	Male	Female
Coronary Thrombosis	20,000	9,000	38,000	22,000
Degenerative Heart Disease ..	31,000	40,000	31,000	41,000
Hypertension	5,000	5,000	9,000	10,000
Cerebral Haemorrhage	13,000	18,000	13,000	20,000
TOTALS	83,000	88,000	103,000	110,000

It is seen that of the large increase in the total deaths, of 42,000—over 30,000 were from coronary thrombosis. The increase in hypertension is chiefly due to a change of diagnosis, the recorded deaths from general arterio-sclerosis dropping correspondingly. Not included in the table are 8,000 deaths from chronic rheumatic disease of the heart, particularly the mitral valve.

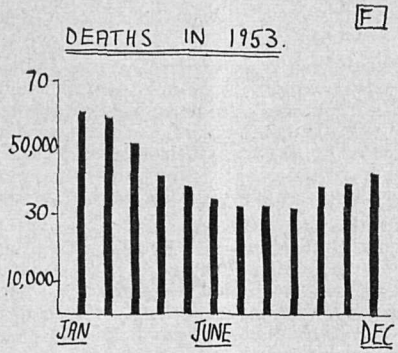
The age incidence of various diseases differs widely. Cancer has a heavy incidence at all ages from 45 upwards. Coronary thrombosis strikes most heavily at very old women and at middle-aged men. This is a big factor in the survival of more women than men into the 70s and late 60s. Cerebral haemorrhage and degenerative heart disease kill very late, chiefly in the 70s. Respiratory diseases on the other hand kill as heavily in the 50s and 60s as in the 70s. Thus it seems that the longer one lives, the more likely one is to be eventually let down by the cardiovascular system.

To survive to old age, one must guard one's health especially jealously in the winter months, as one might expect. Frames and constitutions which can maintain health in a warm, dry, favourable climate, only too easily fail in cold or wet weather.

This is especially true of the respiratory diseases. Here is a graph of deaths in the different months of the year.

GRAPH F.

DEATHS IN THE MONTHS OF 1953



Deaths in January, 60,000, are almost double the 32,000 of July, repeated in August and September. It is also 50% higher than the figure of 42,000 in December. The mid-summer and mid-winter weather obviously come a month or two after the astronomical dates.

Having considered longevity in the population as a whole, and the chief reasons why people die when they do, let us consider long life and growing old as they affect the individual. Opinions differ as to whether it is desirable to live to a great age. Most old people do not, I think, have any great insight into the ageing processes in their mind and body. I have tentatively approached several people who are all nearly 70, and mentioned casually that I was interested in hearing the views of old people on the pleasures, disappointments and other reactions of reaching old age. Each of them showed an encouraging interest, but then said "Let me think, what old people do I know whom you can talk to? ". None of them regarded himself as an old or even a fairly old person, and this is perhaps a tribute to our age in which the 60s are coming to be regarded more and more as active middle age and not an unproductive period of senility. The views of many people who want to remain alert and active to their death, and do not want extra years of life with reduced mental powers, were expressed by Hilaire Belloc. "I shall die", he said, "with a full consciousness of my being, and with a great fear in my eyes. And though many die decrepit and senile, that is not the normal death of men, for men have in them something of a self-creative power, which pushes them on to the further realisation of themselves, right up to the edge of their doom". Nevertheless, it does seem certain that age brings with it a gradual loss of mental power. The apparent pettiness and selfishness which may result require great understanding and compassion from those who care for the old. The State defines old age as starting at 65 for men and at 60 for women, and this means that over 2,000,000 men and 4,500,000 women in this country, over 12% of the population, are entitled to draw a pension and lead an inactive life as an old person. But very many of them do not slow down. Shakespeare gives man seven ages, or Acts in the 'Play of Life':—

> " . . . ; *the sixth age shifts*
> *Into the lean and slippered pantaloon,*
> *With spectacles on nose and pouch on side,*
> *His youthful hose well saved, a world too wide*
> *For his shrunk shank; and his big manly voice,*
> *Turning again towards childish treble, pipes*
> *And whistles in his sound. Last scene of all*
> *That ends this strange, eventful history,*
> *Is second childishness and mere oblivion,*
> *Sans teeth, sans eyes, sans everything.*"
>
> [*As You Like It.*]

The modern trend is towards the elimination of the last stage. Increasing understanding of the problems of old age allows people to retain their self-respect

to the end of their lives. A gesture of independence may be of great importance. The Nuffield Report on Old Age quotes an old man, chair-ridden for years, who was asked how he felt and what sort of day he had had. He replied that he felt fine, and that he had done up his own boots that very morning. The two were obviously connected. The will to live and, when ill, to survive, is accepted as being of great importance. Very old people are often asked what is their advice to young people who want to follow them into the 90s and 100s. Most of them agree that enjoyment of all of life's good things is the best way of life, coupled with moderation in all things.

Some attempts have been made in the past to prolong life by various methods. In the 1930s, Dr. Alexander Bogomolets developed from human spleen and bone marrow a wonderful serum which he called A.C.S. It was alleged to rejuvenate the connective tissue and cure everything from rheumatism to schizophrenia. He claimed that with it he could prolong life to 150 years. He received the order of Lenin, but he and his serum have since been quietly forgotten.

Also in the 1920s and 30s, Dr. Serge Voronoff, an emigré Russian, claimed that by transplanting the gonads of apes to humans he could prolong youth and rejuvenate the aged. He was taken seriously enough to be allowed to read a paper expounding his theory to the 1926 International Physiological Congress in Stockholm. He, too, is now forgotten.

The best prospect in modern experimentation on ageing is in the field of hormone therapy. Dr. Hans Selye, at the University of Montreal, is a leading exponent of the theory that a breakdown of the mechanism of hormonal adaptation is the ultimate cause of most deaths. He says that it is when fatigue, chronic infection, and the other stresses of normal life disturb the balance of the adrenal or pituitary glands that the symptomatic causes of death develop. So far this is only a hypothesis, but has more integrity as a line of research than the pre-war theories.

Obesity is probably a disadvantage to a candidate for old age, for while being underweight also has its disadvantages, it is usually the sparely and economically built people who reach really old age. It has been said that fat peop.e " dig their graves with their teeth."

Heredity, too, seems to have an importance, as many cases of long-lived parents having long-lived children are known. This is chiefly a reflection of inherited robustness and durability of physique, but we can agree with Oliver Wendell Holmes that " in order to attain long life it is necessary to make a wise and careful choice of grandparents."

Enviroment and personal history seem by statistical evidence to affect one's chances of long life. To live in the West, though it brings dangers inherent in civilization, is to have a far better chance of long life than the average man in Asia and the East. In the West, Scandinavia has a better record than most of Europe, while North America has a fairly good expectation of life. In the West, women tend to live rather beyond 70, and the average man just fails to reach 70. University graduates are said to have a better expectation of life than normal, but doctors do not share this good fortune. This suggests that above average mental powers help in attaining long life, and certainly some outstanding contemporary figures are at the peak of their powers at or near the age of 80, when most men have slowed down or already stopped. Entomologists, inventors and historians are liable to outlive their contemporaries by some years. Married people live a little longer on the whole than single people, and life in the country may last longer than life in the town. America is particularly generous in furnishing details of her citizens' longevity. The healthiest state in which to live is Nebraska, while the increase in the American life span has increased over the years in a gratifying way which is typical of the West. In 1789, when America started, the average American lived 35 years and his wife 38. In 1850, the man could expect to live 38 years and his wife 40. By 1900 the man had reached an average of 46, and the woman 48 years. In 1950, the average American lived to 66 and his wife to 71. The increase in 100 years is 75%.

In summary, it seems that man meets his death not because of any limit to the life of his individual tissues, but because the complexity of the human body is such the body's tissues cannot be perfectly and indefinitely maintained in face of the stresses of normal life. Man seems able ideally to live to about 110, but deaths occur at all ages, mostly in the 60s and 70s. In the healthy, youthful, normally functioning body, changes are continually taking place in all tissues, but especially those of the cardiovascular system, so that hitherto non-fatal stresses and infections

become more and more menacing, and the eventual failure of one or more systems causes death. The increase in medical knowledge is continually improving man's ability to ward off infections and recover from them, and succeeding generations are living longer and longer. Old people form an increasing proportion of the population, and this is having extensive social effects. Far fewer people die in infancy and youth than 50 years ago. But the increasing pace of life brings great danger in the malignant disturbance of cell replacement called cancer, and especially in failure of the circulatory system, through the decrease in resilience to stress, which comes with age. It is on the fronts of cancer and especially of arteriosclerosis that the battle for longer life must be concentrated.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Medical School Office—A Tribute

From Professor Roger Warwick

SIR,—I read with pleasure your congratulatory notice of Mr. Wallis's completion of 25 years of service in the Medical School office. Your remarks also give me a most welcome opportunity of acknowledging my own appreciation of the happy efficiency with which the School's administrative officers—and those of the Hospital—have smoothed away the problems which beset any newcomer, such as myself. This cheerful breed of service is not the boon of every school or institution, as many will attest. All the more apt, therefore, is your reminder to those who have yet to recognize our good fortune.

Yours etc.,

ROGER WARWICK.

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, S.E.1.

Thomas Guy's Statue

From Mr. J. W. Mansie

SIR,—I am sure all of us who appreciate the greatly improved appearance of Guy's Statue would like to express our appreciation of the combined efforts of the Superintendent, the Ministry of Works and the Works Department.

Yours etc.,

JAMES MANSIE.

112A, Harley Street, W.1.

Miss Ann Harding

From the Chaplain

SIR,—I should be grateful if you would allow me to use your columns in order to introduce somebody whom everyone at Guy's will see about the Hospital from 1st February onwards.

The somebody is Miss Ann Harding, who has been appointed as Church Sister by the Southwark Diocese with the full approval and consent of the Hospital authorities.

Her work will be along the lines of that done by the Chaplains, except for ministerial functions, and I am quite sure that as soon as she has found her way about our huge establishment, she will forge for herself a most important niche in the " healing team ".

She comes to us with a wide experience of nursing and welfare work, of work in both parish and industry, and I know that the Guy's family will give her all the welcome and kindly helpfulness which is one of its characteristics.

Yours etc.,

KENNETH CHILDS.

Guy's Hospital, S.E.1.

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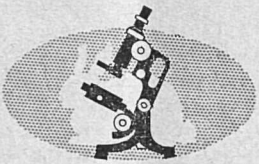

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The Bacterium at the Breakfast Table

"Eat up your nice flannel," the clothes-moth is credited with saying to her child, "or you won't get any mink."

Bacteria have no mothers. They merely split into two, and it would puzzle even a Freudian to discern a mother-child relationship between the halves. This method of reproduction, besides sparing them many complexes, enables them to eat whatever they like. Nature, however, is a universal mother, and one of the old school; she sees to it that they eat the right things, or else.

I need hardly remind you that the bacteria which cause disease are very fond of battening on the likes of you and me. And what is it, you may well ask, that they find so delicious?

Well, one of the things, which it seems we keep always on the menu, is known to biochemists by the insufferable name of...

If only we had space for the rest of this instructive medical essay, which appeared originally in The Times, *you could read it here. What we have got, however, is a collection of these diverting articles from the same celebrated pen. Would you like a copy of "The Prosings of Podalirius"? Just drop us a card at the address below.*

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Physiotherapy teachers, students, and those entering Physical Medicine, will find in this book the help that they need in what is sometimes regarded as a difficult subject. Some of the more difficult Physics and formulæ which are intended for Physiotherapy teachers and trainees in Physical Medicine are placed as appendices to some of the chapters.

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99 Gt. Russell Street, W.C.1

Dentists' Dilemma

SIR,—The recent expressions of opinion *re* the problems of the Dental Profession are most interesting and I am prompted to ask " Is the threatened serious shortage of *qualified* man-power, including of course the fair sex, but *not* the ancillaries, due to a lack of recruits, or is it because the Dental Schools cannot accommodate all who wish to enter ? " In the case of Guy's, I understand that there are usually about half-a-dozen applicants for every vacancy. Is that due to lack of space or teaching staff or what ?

Yours etc.,

W. ARCHER HODGSON.

Torrington Lodge,
Claygate, Surrey.

The Theatre Club

SIR,—May I ask the courtesy of your columns to announce the next production of the Theatre Club ? This will be *Figure of Fun*, a comedy by André Roussin, adapted by Arthur Macrae. It is to be performed in the Physiology Theatre every evening from Tuesday, 26th February to Saturday, 2nd March—the week immediately following the Residents' Play. This time has been chosen to avoid erecting the stage and hiring equipment twice over, and will result in economies for both the residents and ourselves. We hope that the presentation of plays in two successive weeks will not deter any of our audience, for these two productions offer very different—but we hope equally enjoyable—kinds of entertainment. Details of booking arrangements will be published in the next *Gazette*.

Figure of Fun will be the first production of the Theatre Club for over a year, and we hope to be able to give evidence of a considerable amount of new talent. The Club is now more active than it has been for some time ; we hold regular play-readings and have a well-integrated backstage team which is working for the Residents' Play as well as our own production. We aim to return to the practice of giving two productions a year ; this of course depends largely on our supporters—both those taking an active part in the Club, and those we look forward to welcoming as our audiences.

Yours etc.,

PATRICIA RYDER,
Hon. Secretary.

Guy's Hospital, S.E.1.

Napkin Rashes

SIR,—As the late C. E. M. Joad used to say, " It all depends what you mean ". In this case, what you mean by ammonia.

If ammonial dermatitis comes from ammonia formed from urea by micro-organisms then it seems rational to treat it with boric acid in order to effect neutralisation. On the other hand, giving sodium citrate will produce a metabolic alkalosis and thus suppress ammonia formation by the distal tubular cells of the kidney. This will lead to the excretion of kation and bicarbonate, and hence an alkaline urine.

Does Dr. Tudgay think that the NH_3 in napkin rashes comes from bacterial splitting of urea, or as a by-product of acidosis and renal tubular overactivity ?

I hope Dr. Mac Keith will not mind my rushing in where angels fear to tread.

Yours etc.,

B. H. BASS.

Glenridge Sanatorium,
Schenectady, New York.

SIR,—Speaking as a G.P. I would like to endorse Dr. Kevin Anderson's letter in the *Gazette* of 19th January. Since I first understood that the ammonia produced the rash, and that the ammonia was produced by the urea-splitting organisms outside the body, I have had no further difficulty in treating napkin rash.

I use two methods either alone or in combination :

1. In the mild cases Sanitas Jelly applied to the skin of the buttocks is usually all that is required.
2. Roccall soaked into the napkins during their final rinse prevents the subsequent production of ammonia. It is one of the cheaper disinfectants, and only a fluid ounce and a half are required to half a washing-up basin.

Try it, " The proof of the bottom is in the treating."

Yours etc.,

NIGEL G. NICHOLSON.

P.S.—G.P.s—Do not prescribe more than 16 ozs. of a disinfectant on an E.C. 10, or you will be charged for it 6—9 months later ! The patients will usually buy it after the first lot if they know the name of it.

3, Ford Close,
Ashford, Middlesex.

REVIEWS

Aids to Embryology. By Professor J. S. BAXTER. 5th Ed., 1956. Baillière, Tindall and Cox. *Price* 6*s*. 6*d*.

During the evolution of modern embryological thought, those aspects dealing with human morphogenesis have remained relatively immature and necessarily have been confined to a purely descriptive analysis. Nevertheless, an appreciation of the main facts emerging from such a study is of importance to the medical student, allowing an intelligent interpretation of many of the features of adult topography, the formation and disposition of the embryonic membranes and as a basis for teratological studies.

The majority of works on this subject, supposedly designed for the student's use, suffer from a wealth of unimportant detail and a disproportionate emphasis of the importance of the subject when considered as a part of the general medical curriculum. Such defects, universally deplored by specialist teachers, are commonly only recognised in the writings of a colleague.

The text of "Aids to Embryology" has avoided these pitfalls and is to be welcomed as a concise, accurate and readable account of human developmental processes. Unfortunately, the text is inadequately illustrated and many readers will find it necessary to turn to other sources of illustration. The majority of the diagrams provided are clear and helpful but some, notably Figs. 6, 11 and 43, could with advantage be replaced by others of greater clarity.

A few inaccuracies have passed unnoticed—in Fig. 13A, the splanchnopleuric mesoderm has been labelled yolk sac entoderm; the developing amnion is covered with somatopleuric and not splanchnopleuric mesoderm (p.36) and bilaterality is initially conferred upon the embryonic disc by the appearance of the prochordal plate (p.17).

Modern embryology is largely directed towards an understanding of the dynamic interaction of embryonic parts and the problem of cellular growth, migration and differentiation, and it would not perhaps be inappropriate to include a brief section on the more important concepts derived from modern methods of causal analysis.

With these reservations, this moderately priced and compact volume can be confidently recommended and should undoubtedly merit a place in the pocket of students preparing for the second professional examination.

P.L.W.

An Atlas of Diseases of the Eye. By E. S. PERKINS and PETER HANSELL. 1st Ed. 1956. J. & A. Churchill Ltd. *Price* 42*s.*

This volume is designed to provide the student and family doctor with a short guide to the more common and important ocular disorders.

The authors' object has been well achieved, and they are to be congratulated both on the excellence of the illustrations and the clarity of the text.

The cost of the book is remarkably low, but it can be confidently recommended not only to the pregraduate medical student but also to those medical practitioners whose experience of ophthalmology has been limited.

C.A.G.C.

SPORT

HOCKEY

Guy's *v.* St. Mary's. Senior Cup Match (2nd Round)

Wednesday, 15th January

Result—Won 2-1

The game was played on St. Mary's ground at Teddington, which was in its usual immaculate condition. The smooth hard surface of this ground made for a fast, open game.

In the opening stages St. Mary's playing with great spirit carried the game into the Guy's half, and only determined resistance by the defence, in particular Dyde and Tuddenham who played well throughout the game, prevented an early goal. Guy's, however, soon settled down and the tireless efforts of the inside forwards Morgan and Blake began to take effect, causing the play to move into St. Mary's half. After about 20 minutes of rather ineffective attacking moves by both sides, Guy's finally broke through, Millar scoring from a good centre by Blake.

Just before half-time St. Mary's forced a short corner and a powerful shot by the right back, though nearly deflected by Tuddenham, crossed the line to balance the score.

After the interval, Guy's, apparently offended by this intrusion on their goal, swarmed into St. Mary's half and play centred around their circle for a considerable period of time. Admission to the circle was, however, rarely granted but at last Morgan receiving the ball just inside the circle, lashed it goalwards and after some agonising ricochetting from post to post it crossed the line to put Guy's back in the lead.

In a final last minute thrust St. Mary's forwards forced their way through to the Guy's circle and Tuddenham stopped a point blank shot by the inside-right, on the goal line. Shortly after this the final whistle sounded the relief and Guy's were in the semi-final.

Team: K. Nicholson; A. Dyde, M. Tuddenham; M. Woodman, D. Laney, B. Foster (Capt.), D. Bevan-Thomas, M. Morgan, J. Millar, M. Blake, R. Paul.

Guy's *v.* Crostyx

Result—Won 4-1

Guy's 2nd XI *v.* Crostyx "A"

Result—Won 8-2

CORRECTION

Guy's *v.* Pembroke College

Result—Won 1-0

RUGBY FOOTBALL

Guy's "A" XV *v.* Metropolitan Police "A" XV

At H.O.P.

Saturday, 19th January

Result—Lost 3-9

The game was played in good conditions and Guy's were out to repeat last year's victory. However, the Police had an infusion of several first team players, as the senior side had no game, and the result, though a scratch team, was too lively for Guy's. For the first quarter of an hour we held our own and indeed went ahead with a penalty goal well taken by Pagliero. However, the Police fought back and deservedly won by scoring 2 tries and a dropped goal.

Team: Pagliero; Gibb, Carroll, Scott, Maher; O'Grady, Eustace; Knight, Parisi, Richards, Lewsey, J. Morgan, P. Jackson, Southcott (Capt.), Slocock.

SWIMMING AND WATER POLO

The Hospital runs two water polo teams who play in the Inter-Hospitals and London University Leagues.

The 1st team won the Third Division of the London League last year and were promoted to the Second Division and are well in the running for winning this section this year. In the Hospitals League the 1st team came second last year.

The 2nd team is run on a more casual basis for less serious players who like a game occasionally.

As regards swimming Guy's have held the United Hospitals' Cup every year except one since the war, regaining it last year. We are very anxious to keep it. This year the opposition looks like being strong so the club will need as much support as possible.

Will all students in the Hospital interested in swimming for Guy's please give their names to us.

B. W. MAITLAND, *Hon. Sec.*

A. B. RICHARDS, *Captain.*

GUY'S HOSPITAL DENTAL SCHOOL

ANNUAL CLINICAL MEETING

PROGRAMME—2ND MARCH, 1957

Morning Session (10 a.m.—12 noon)

PHYSIOLOGY LECTURE THEATRE, MEDICAL SCHOOL
12 noon. "Rock around the Gas-room" .. .. Dr. W. S. McConnell

THEATRE No. 3
10 a.m. An Operation .. .. Mr. R. O. Holland

11 a.m. An Operation under General Anæsthesia .. .. Mr. J. W. Mansie

THEATRE No. 4
9.45 a.m. Removal of a deeply placed lower third molar .. Mr. A. R. Thompson
Anæsthetist: Dr. W. S. McConnell
11 a.m. An Operation .. .. Mr. K. Hooper
Anæsthetist: Dr. A. W. Hind

DENTAL DEPARTMENT

Ground Floor

X-ray Department
Interpretation of Radiographs .. .. Dr. F. L. Ingram

Department of Preventive Dentistry
Bacteriological Exhibits .. .. Mr. A. Bulleid and Mr. C. W. Shuttleworth

Clinical demonstrations:
Gingivoplasty .. .. Mr. R. E. Feaver
Scaling .. .. Mr. M. S. E. Gould
Calculus and attrition of teeth in Anglo-Saxon skulls .. .. Mr. D. C. A. Picton
Clinical cases treated in the Department .. .. Mr. R. D. Emslie, Mr. D. C. A. Picton

Table demonstrations:
Incisal relationship and periodontal disease .. .. .. Mr. R. E. Feaver, Mr. M. S. E. Gould

Casualty Department
A comparative analysis of the cases presenting for treatment during July, 1956 and January, 1957 .. .. Mr. M. S. E. Gould and Mr. A. R. Grice

First Floor

Department of Dental Prosthetics
Clinical Cases .. .. Professor H. R. Fenn
A demonstration of teaching material .. .. Mr. D. J. Neill
Table Demonstration:
Impression materials available to the Practitioner .. .. Mr. A. J. Bridge
Table Demonstration:
The use of soft base materials in full denture construction .. Mr. R. J. G. Day and Mr. D. K. Hardy

Exhibition of students' work

Histology Laboratory
Use of colour photography in the teaching of Histology .. Mr. Dudley of the Histology Laboratory

Dental Photographic Department
Exhibition of colour transparencies and monochrome prints of clinical and technical interest .. .. Mr. A. D. Robinson and Miss Whiteley, Photographer

Department of Dental Medicine
Pathological specimens and sections .. .. Professor M. A. Rushton
Exhibit: Fibro-osseous lesions of the jaws .. .. Mr. B. E. D. Cooke
Table Demonstration:
The physiological regulation of salivary secretion .. .. Mr. A. C. Kerr

Second Floor

Clinical Room I
Operation under local anæsthesia .. .. Mr. C. I. Hagger

Professor's Room
Operative Dental Surgery .. .. Professor W. E. Herbert

Conservation Room
The use of water spray with high-speed engine .. .. .. Mr. W. A. Vale (in his room)
8 mm. Film: A study of molten metal entering moulds of various designs .. .. Mr. A. D. Robinson
Root Canal Therapy .. .. Mr. A. H. R. Rowe and Mr. W. C. McLachlan
Silicate Cements .. .. Mr. D. London and Mr. C. D. Henry

Clinical and table demonstration:
Technique for Local Anæsthesia .. .. Miss I. Thompson and Mr. J. Osborn
Prevention of pain in Minor Oral Surgery .. .. Miss S. Hall
Some common factors influencing the failure of Class II amalgam restorations .. .. Mr. P. Frank and Mr. J. P. I. Rose
Exhibition of Students' work
Students' Research work

Children's Department

Prognosis in cases of open bite	Mr. R. E. Rix
Some Orthodontic Research methods	Mr. W. J. Tulley
Cases under treatment	Mr. H. Richards
Radiographic technique for Orthodontic cases	Mr. R. W. Willcocks

Clinical cases will be shown by members of the Staff

Afternoon Session (2-4 p.m.)

THEATRE No. 3

2.30 p.m. Mandibular Osteotomy	Mr. D. M. Macdonald
	Anæsthetist: Dr. P. J. Helliwell

DENTAL LECTURE THEATRE

2.30 p.m. Clinical cases referred by practitioners followed by a short film on Biopsy Techniques	Professor M. A. Rushton

DENTAL DEPARTMENT

Ground Floor

X-ray Department

Interpretation of Radiographs	Dr. F. L. Ingram

Department of Preventive Dentistry

Bacteriological exhibits	Mr. A. Bulleid and Mr. C. W. Shuttleworth

Clinical Demonstration:

A "push back" flap operation for the elimination of a periodontal pocket	Mr. R. D. Emslie
Clinical cases treated in the Department	Mr. R. D. Emslie Mr. D. C. A. Picton

Table Demonstrations:

Incisal relationship and periodontal disease	Mr. R. E. Feaver Mr. M. S. E. Gould

Casualty Department

A comparative analysis of the cases presenting for treatment during July, 1956 and January, 1957	Mr. M. S. E. Gould and Mr. A. R. Grice

First Floor

Department of Dental Prosthetics

Instability of full dentures	Mr. R. D. G. Gain
Uses of Coble Balancer	Mr. R. B. Johns
Palateless dentures	Mr. P. B. Morris

Exhibition of Students' work

Histology Laboratory

Use of colour photography in the teaching of Histology	Mr. Dudley of the Histology Laboratory

Dental Photographic Department

Exhibition of colour transparencies and monochrome prints of clinical and technical interest	Mr. A. D. Robinson and Miss B. Whiteley, Photographer

Second Floor

Clinical cases will be shown by members of the Dental Visiting Staff

Clinical Room I

Clinical Cases

Professor's Room

Clinical Cases	Professor W. E. Herbert

Conservation Room

Design in Bridgework	Mr. W. A. Vale (in his room)
Root canal therapy	Mr. A. H. R. Rowe and Mr. W. C. McLachlan
Silicate cements	Mr. D. London and Mr. C. D. Henry
Clinical and table demonstration: Technique for Local Anaesthesia	Miss I. Thompson and Mr. J. Osborn
Some common factors influencing the failure of Class II amalgm restorations	Mr. P. Frank and Mr. J. P. I. Rose
Prevention of pain in Minor Oral Surgery	Miss S. Hall
Lactate and reducing sugar in the saliva	Mr. P. Ayling
Instruments—with special reference to new instruments	Mr. D. R. Taylor

Exhibition of Students' work

Students' research work

Children's Department

The treatment of prenormal occlusion	Mr. K. E. Pringle
Some Orthodontic research methods	Mr. W. J. Tulley
Orthodontic teaching material	Mr. A. C. Campbell
A tension spring for traction upon unerupted teeth	Mr. G. A. Kerr

Clinical cases will be shown by members of the Staff

Tea will be served on the First Floor of the Dental Department at 3.30 *p.m.*

HOSPITAL INFORMATION

APPOINTMENTS

NEW YORK ACADEMY OF SCIENCES

Honorary Life Member

J. T. Irving, M.A., Ph.D., M.D. (Cantab.).

UNIVERSITY OF LONDON

Examiners 1957

The following Guy's men have been appointed Examiners for the M.B., B.S. Examination for Internal and External Students in 1957.

Medicine: Dr. E. R. Boland, Dr. K. S. MacLean.

Obstetrics and Gynaecology: Mr. J. B. Blaikley, Mr. T. L. T. Lewis, Mr. G. W. Garland and Mr. J. S. Tomkinson.

Pathology: Professor G. Payling Wright.

Surgery: Mr. F. N. Glover.

The following have been invited to act as appropriate in cases of emergency.

Medicine: Dr. E. C. Warner, Dr. J. C. Houston.

Surgery: Mr. H. J. B. Atkins.

PASS LIST

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Michaelmas Term, 1956

Part II

Principles and Practice of Physic

G. A. Irving has now qualified M.B., B.Chir. (Cantab.).

M.A.

D. G. Chalmers

UNIVERSITY OF LONDON

FACULTY OF MEDICINE

M.D.

R. Goulding — H. R. C. Richards

Third (B.D.S.) Examination in Dental Surgery
November, 1956

Honours

Jane Elliott (*Distinguished in Surgery*)

Pass

J. Amherst-Clark	Brenda M. Langrish
N. B. Athill	H. Mercer
R. E. Barber	C. K. Millman
B. O. Barnard	R. A. Peebles
D. L. Brooke Jones	J. A. Quant
R. Burman	D. E. Rees
D. M. Carpenter	D. G. Rosair
Gloria Cavalôt	A. J. Sawyers
Elaine R. Dagger	D. O. Smith
J. R. Fieldhouse	P. J. H. Snell
J. F. Groves	D. C. J. Stares

Supplementary Pass List

The following Candidates have passed Part I.

B. N. Goode	T. A. T. Kolb
M. J. Hill	B. D. Pierce
J. L. Humphrey	A. P. Reynolds
Jill Joslin	D. S. Roberts

G. F. de Silva

The following Candidates have passed Part II.

S. X. E. Bengo	C. Maggs
M. L. Brenchley	K. F. Moos
B. Clark	P. M. O'Driscoll
B. S. Cryer	J. S. Partridge
E. N. Daver	H. C. Pritchard
W. A. Dearlove	J. A. A. Ranson
G. H. Forman	D. L. Rivett
N. M. Hepburn	M. J. Scott
L. V. Howard	E. E. Silcock
D. D. Jones	P. J. Stubblefield
Tatyana Katisevs	M. J. Sutton
D. F. Keane	R. A. R. Wallace
P. A. S. Lavelle	M. A. Young

Second Examination in Dental Surgery

December, 1956

C. T. Brooks	C. S. A. Madgwick
K. S. Cowley	P. Seaton
Barbara M. Cox	Rosemarie Walsh
M. A. Ford	M. J. Watts

Special First Examination for Medical Degrees
December, 1956

S. C. Crocker	I. Khorram
D. L. Hall	A. J. Parratt
R. E. C. Hayman	R. Preston
P. N. Hirschmann	A. P. A. Trayling

UNIVERSITY OF LONDON

KEN CLIFFORD SCHOLARSHIP

The Ken Clifford Entrance Scholarship in Medicine, tenable from October, 1956, for the duration of the M.B., B.S. course, has been awarded to Brian Stewart Worthington (Guy's Hospital Medical School).

STATE BOARD OF MEDICAL EXAMINERS

VIRGINIA

M.D.

C. M. G. Buttery.

UNIVERSITY OF OTAGO

Ch.M.

R. G. Robinson

ROYAL COLLEGE OF SURGEONS OF ENGLAND

FACULTY OF ANÆSTHETISTS

Diploma of Fellow

C. S. Ward

L.D.S.

Second Examination
December, 1956

C. C. Berwick	B. N. Goode
J. Bunyan	J. R. Harries
A. Collingham	J. L. Humphrey
G. F. de Silva	P. Kurland

CONJOINT BOARD

Diploma in Child Health

R. S. Wells

December, 1956

D.P.M.

M. J. Craft

D.A.

M. P. Cardew	G. Screech
D. B. Murray	R. V. L. Thomas

CONJOINT BOARD

L.R.C.P., M.R.C.S.

December, 1956

Chemistry

E. W. H. Browne

Physics

R. H. C. Fuller — A. J. Scouller

Elementary Biology

A. P. Buirski — Sandra M. Stubbs
R. H. C. Fuller — K. A. Sutcliffe

L.R.C.P., M.R.C.S.

Final Examination

January 1957

Pathology

A. A. Akiwumi — N. A. Harker
R. R. Cox — J. A. Matthews
T. R. Cullinan — M. N. Morgan
M. H. de Groot — S. O. Wamuo
P. M. E. Drury — *Joyce Warner
P. S. Firth — G. Willett
H. C. Hollingworth

Medicine

A. A. Akiwumi — J. I. Millar
R. E. Clayton-Jones — A. P. Redmond
P. M. E. Drury — R. W. Sherwin
P. S. Firth — R. P. Snaith
R. G. G. Gain — H. M. Tuddenham
L. M. Hillman — W. Whitrow
*J. Lewis — G. Willett

Surgery

*E. L. R. Andrews — *E. B. Morgan
*M. V. R. Appa Rao — *B. R. P. Murray
*P. G. Benson — *P. C. C. Pitt
*B. C. Dean — *D. S. Robertson
*Rosalie M. Harrison-Bloom — *I. D. Simpson
*J. A. P. Trafford
*Patricia O. Lane — *Joyce Warner
M. J. Lavine — *C. Wastell
*I. Lewis — *P. B. Whatmore
*I. McColl — *S. R. Williams
*C. A. G. Mackenzie — *Susan M. Wilson

Midwifery

R. R. Cox — *I. D. Simpson
T. R. Cullinan — D. A. H. Thomas
M. H. de Groot — H. M. Tuddenham
R. G. G. Gain — M. F. Waboso
S. J. Lam — *Joyce Warner
M. N. Morgan — *S. R. Williams
A. P. Redmond

*Have completed the examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination

December, 1956

Anatomy and Physiology

M. J. Balcombe — A. E. Mbongo
C. T. Brooks — P. H. Morse
S. A. Chan — L. G. Phelps
K. S. Cowley — M. J. Varney-Burch
Barbara M. Cox — M. J. Watts
P. G. Davies — W. L. Wiseman
M. A. Ford — D. H. Wright
C. S. A. Madgwick — S. Y-C. Wu

Special Anatomy and Physiology

S. A. Chan — J. D. Mackinder
K. S. Cowley — P. H. Morse
Barbara M. Cox — I. A. Ogoe
Ellen Dybing — M. J. Varney-Burch
J. M. Evans — Rosemarie Walsh
J. R. A. S. Evers — M. J. Watts
M. A. Ford — W. L. Wiseman
C. G. Gordon — D. H. Wright
T. L. Griffiths — S. Y-C. Wu
J. M. A. Jones

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

Wanted

PAIR OF GOOD BINOCULARS 8×30. Box No. 176.

DENTAL *practice partnership, Guy's man* preferred to fill vacancy in pleasant Herts. town, 20 miles from London. Modern equipment and full staff kept. Good salary and early succession. Box No. 174.

DENTAL ASSISTANT with view to partnership for mainly conservative Somerset practice. Under 30. National Service completed, preferably married. Possibility of accommodation. Please supply 3 references on applying. Box No. 173.

DENTAL NURSE required after Easter, Harley Street. Phone for interview Langham 3355.

A GROUP PRACTICE located in Surrey needs an additional partner. Any young *Dental Surgeon completing National Service* or otherwise engaged, who is as yet uncommitted to any future policy, invited to discuss the advantages of joining this type of Practice. Two Guy's men and one R.D.H. would welcome enquiries. Box No. 175.

N.H.S. PRACTICE. Guy's man (Medical) wishes to enter Rural and/or South Coast as Assistant with view partner or principal. At present in single handed urban practice. Box 170.

CLERK one day per week for addressing work and filing, S.E. District. Box 201.

For Sale

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only—make welcome gifts**—The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1.

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HISTORY OF GUY'S 1725/1948. A few copies still available for Students, Nurses and Staff at a reduced price. 12/6 each, post 1/6. Apply: The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London. S.E.1.

NURSING NEWS

Left : Sister Cromwell Wood (*Evelina*).
S/N E. Walsgrove (*O.P.O.*).
S/N E. Gibson (*Theatres*).
S/N D. Gibson (*Theatres*).
S/N P. Shaw (*Theatres*).
S/N B. Maclagen.

Entered : Sister Rigby to *Evelina Surgical II.*
S/N W. Bayliss to *Theatre.*
S/N R. Collingsworth to *William Gull*
S/N P. Fox to *Nuffield C.*
S/N A. McMillan to *O.P.D.*
S/N M. Snow to *Theatres.*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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CHANGES OF ADDRESS

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J. M. S. Grieve, M.B., B.Ch., "Ashenhurst," Todmorden, Lancs.

R. A. Harlow, M.B., B.S., 119, Coniston Road, Bromley, Kent.

R. C. Morgan, M.R.C.S., L.R.C.P., c/o Princess Margaret Hospital, Nassau, Bahamas.

D. J. Neill, D.F.C., F.D.S., "Hurst," Clenches Farm Road, Kippington, Sevenoaks, Kent. (Tel. Sevenoaks 2374.)

P. J. Saville, L.D.S.R.C.S., Loyola, Palatine Road, Goring-by-Sea, Worthing, Sussex.

J. F. Soothill, M.A., M.B., M.R.C.P., Hawford Lock, North Claines, Nr. Worcester.

BIRTHS

BELLIS.—On 17th January, 1957, to Avis (née Williams), wife of Gareth Bellis, M.B., B.S., a son.

BRIGGS.—On 17th January, 1957, at Carshalton War Memorial Hospital to Dene, wife of Ian M. Briggs, B.D.S., L.D.S.R.C.S., a son (Graham Ian).

BURT.—On 7th December, 1956, at 52, Polsloe Road, Exeter, to Pamela (née Henville), wife of John Burt, M.B., B.S., D.A., a daughter (Penelope Ann), a sister for Susan.

MURDOCH.—On 11th January, 1957, to Joyce (née Golder, S.R.N.), wife of John Murdoch, B.Sc., Ph.D., a son (James Stuart).

RUSSELL.—On 12th January, 1957, at the Cameron Hospital, West Hartlepool, to Isabel, wife of Frank Russell, F.F.A.R.C.S., a son (David).

WALTON.—On 18th September, 1956, to Mary (née Lee), wife of Robert G. Walton, M.B., B.S., a son (Richard William), a brother for Elizabeth and Robert.

WILLETT.—On 14th January, 1957, to Dorothy (née Stott, S.R.N.), wife of Edward Willett, a daughter (Sarah Anne).

MARRIAGE

COPPOCK—FERREIRA.—On 31st May, 1956, at Holy Trinity Church, Sliema, Malta G.C., David A. Coppock, B.D.S., R.N., to Maria Ferreira.

DEATHS

BERRY.—On 31st December, 1956, Douglas Haycroft Berry, M.R.C.S., L.R.C.P., of 36, Devereux Drive, Watford.

CROOK.—On 19th January, 1957, Arthur Henry Crook, M.Ch., F.R.C.S., of 2, Chiswick Place, Eastbourne, Sussex.

TOPPING.—On 8th December, 1956, Lt.-Col. Robert Ashley Ramsay Topping, R.A.M.C., at Catterick Camp Military Hospital.

EDS. { P.S.B. / T.W.H.

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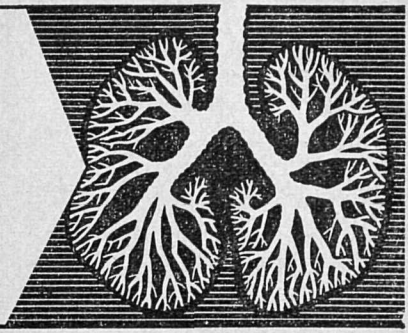

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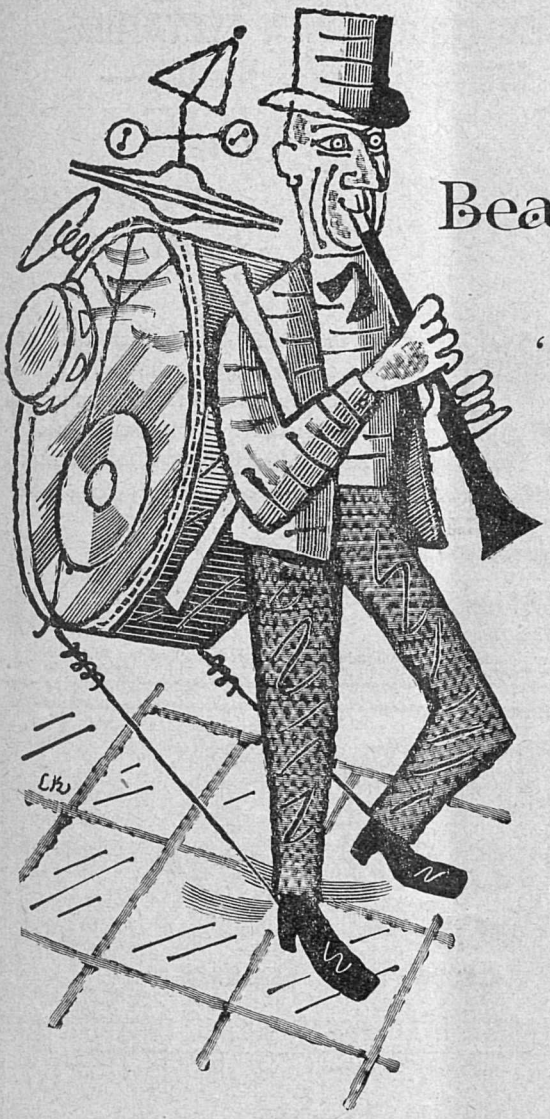

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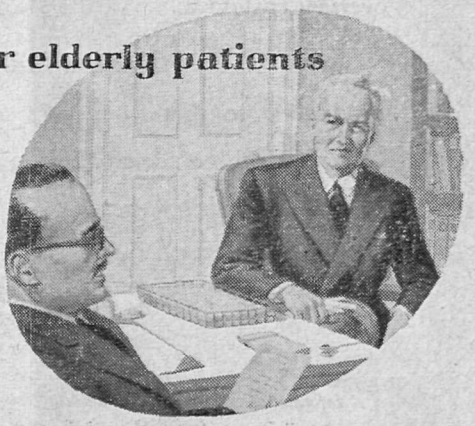

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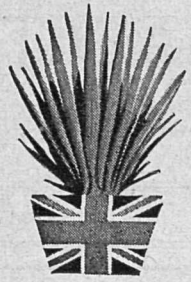

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GUY'S HOSPITAL GAZETTE

16th February 1957

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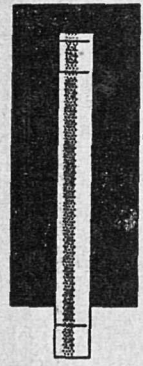

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(1) Goldenberg et al., Amer. J. Med., 1948, *5*, 792.
(2) Barcroft and Starr, Clin. Sci., 1951, *10*, 295.
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PASSIM

No Zebra for Guy's

WE have previously expressed the concern of members of the Hospital community about the absence of any pedestrian crossing near Guy's. Readers may remember that the Superintendent wrote in the 21st July, 1956, issue of the *Gazette* of his efforts to obtain a crossing on St. Thomas's Street for the benefit of Guy's patients and staff. Mr. Doherty told us of his letter's journey from the Commissioner of Police to the Divisional Road Engineer of the Ministry of Transport and Civil Aviation. A decision by this functionary was being awaited then and this may still be so. Since then, the position has become steadily worse. More traffic has been diverted down St. Thomas's Street to ease congestion at the end of Duke Street Hill. At present, there is relatively little traffic compared to the pre-rationing fleet of cars that stood each morning in the street awaiting the dictates of the point-duty policeman at the corner of Borough High Street.

It is still, we regret to say, no safer for our patients and staff to cross the road to get to Guy's. The volume of traffic is less, but its pace is correspondingly more rapid. We have seen each morning and evening delays of some minutes to pedestrians who have sought unavailingly a quiet interlude for their walk across the street. There are, we know, all sorts of ways of setting about things like this. Officialdom in the Ministry of whatever-it-is can presumably grant us (their humble servants) a crossing. A request has, after all, been made by the Governing body through the Superintendent. They can, on the other hand, wait for the first pedestrian to be killed and then consider the matter again. This is, we would remind them, going to be one life too late.

Of necessity, those who cross the road to Guy's include a fair number of people who are incapacitated by disease, injury or age. It is long overdue that this special circumstance should be considered by the authorities who are, we suspect, obsessed with total numbers of people crossing and distance from alternative crossings.

Personal inconvenience provides a cogent argument especially when associated with physical handicap. We believe that a crossing would appear without delay were the Commissioner of Police and the Divisional Road Engineer to become out-patients of Guy's Hospital who daily had to cross the road at 9 a.m. and 5.30 p.m.

We record with regret the resignation, after 50 years' service to Guy's, of Mr. P. W. Roberts, senior technician in the Gordon Museum. Mr. Roberts, who will be remembered by several generations of Guy's men, has played a very great part in creating the standard which the

Museum now maintains. In an interview published on page 72 he gives some interesting reminiscences of his time of service to Guy's which will interest our readers. We wish him a happy and healthy retirement and hope that we will see him about the Medical School from time to time.

Mr. Tomkinson has passed on some interesting information about some hospital posts which are available in Baltimore. The Church Home and Hospital, is staffed mainly by Johns Hopkins men and internships are available there with a very reasonable stipend. This is $175 a month plus $75 for married men who live out. This, of course, compares very favourably with the larger teaching hospitals where there is often no salary at all. An interesting educational programme for interns with opportinuty for promotion to resident status is described. We suggest that anybody who is interested should approach Mr. Goodliffe in the Appointments Bureau to whom details have been given by Mr. Tomkinson.

We note with interest the publication of a paper in the current issue of the *British Heart Journal.* This is " Electrocardiographic Changes in Induced Hypothermia in Man " which has been written jointly by Dr. Peter Fleming and Mr. F. H. Muir. This is, we think, the first time that a technician has been author or co-author of a paper in the *B.H.J.* and we congratulate Mr. Muir, who completes 45 years at Guy's this year, on this unusual distinction.

The vogue for frozen foods has spread so rapidly that even watercress is included among the foods now obtainable in this way. A rumour that the Ministry of Health is to conduct an official enquiry into their nutritional value has so far not materialized.

Our last *Passim* has evidently put the alcoholic cat among the pussyfoot pigeons. We would like to take this opportunity of denying the baseless allegation that we are subsidized by George Phillips, John Haig, William Younger or any other similar benefactor.

NOTICES

THIRTY CLUB

The 28th Annual Dinner of the Thirty Club will be held at the Royal Air Force Club on Friday, 17th May, 1957. Sir Heneage Ogilvie in the Chair. Detailed notices will be sent to members later. Meanwhile, will they please make a note of the date.

J. J. CONYBEARE,
W. D. DOHERTY,
Honorary Secretaries.

FIGURE OF FUN

The Theatre Club production of *Figure of Fun*, by André Roussin, adapted by Arthur Macrae, will be performed in the Physiology Theatre every evening from Tuesday, 26th February till Saturday, 2nd March, at 8 p.m. Tickets will be available free of charge from the S.U. Office, in the old Pathology block, every weekday from 18th February, between 1 p.m. and 2 p.m. Applications by post (enclosing a stamped addressed envelope) should be addressed to the Secretary of the Theatre Club.

GUY'S DIARY

FEBRUARY			Exhibition. Department of Surgery. *Peptic Ulceration.*
18th	M	1.00	Dr. I. C. K. Mackenzie. Clinical Lecture. *Involuntary Movements.*
		5.00	Endocrine Demonstration. Dr. P. M. F. Bishop and Mr. F. N. Glover. *Surgery in Endocrine Disorders.* Preclinical Classroom.
19th	T	1.00	Mr. G. Blackburn. Clinical Lecture. *By Rule of Thumb.*
		5.15	Dental Society. Mr. H. D. Parry. *Current Dental Affairs.* Dental Theatre. (Tea 4.45 p.m.)
21st	Th	5.00	X-ray Meeting. Medical X-ray Department.
22nd	F	1.00	Dr. J. C. Houston. Clinical Lecture. *Buerger's Disease.*
23rd	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby 1st XV *v.* Exeter (Exeter).
			England *v.* France (Twickenham).
25th	M	1.00	Endocrine Demonstration. Dr. P. M. F. Bishop and Dr. K. S. Maclean. *Hormone Therapy in General Medical Conditions.*
26th	T	1.00	Dr. E. J. Crisp. Clinical Lecture. *Disc Lesions and other Causes of Backache.*
27th	W	4.45	Science Club. Professor R. Thompson, Dr. P. Wright, Dr. I. Kelsey Fry, Dr. E. Holling, Dr. J. Butterfield. *Oral Antidiabetic Drugs.* Staff Common Room (Tea 4.30 p.m.).
28th	Th	5.00	X-ray Meeting. Medical X-ray Department.
MARCH			Exhibition. Department of Surgery. *Haematuria.*
2nd	S		Dental Society, Clinical Day. Annual Dinner at Park Lane Hotel.
			Rugby 1st XV *v.* London Welsh (H.O.P.).

OBITUARY

DOUGLAS HAYCRAFT BERRY, M.R.C.S., L.R.C.P.

Douglas Berry was born in 1896, the son of Dr. F. H. Berry, who was in practice at Watford until his death in 1922. An elder brother, Percy Berry, was a popular figure at Guy's before the 1914-18 war, in which he served in the Navy and lost his life attempting to rescue a drowning man.

On leaving school Douglas Berry was commissioned in the Bedfordshire and Hertfordshire Regiment. Serving as an infantry officer in France he was severely wounded on the Somme. After the war he was a student at Guy's and qualified in 1923. He obtained house appointments in the face of severe competition and following the death of his father he went into practice at Watford with two Guy's men, Mr. Vincent Glendining and Dr. L. K. Watson.

Douglas Berry was in general practice and also on the medical staff of the Peace Memorial Hospital at Watford for over thirty years. His quiet and unassuming manner and kindly understanding made him respected and beloved by his very numerous patients.

Guy's in the immediate post-war years admitted two to three times as many students, mostly ex-service, as in pre-1914 years. Among these large numbers Douglas Berry made his mark, not only as a specially able student but as a most delightful personality. His death will be greatly regretted by a wide circle of friends who were at Guy's in the early nineteen-twenties, whether as students or staff. We express our sympathy to his son and daughter.

J.J.C.

FIFTY YEARS AT GUY'S

MR. P. W. ROBERTS, who retired a few days ago, was first engaged as office boy and part-time assistant in the Gordon Museum in 1907 by Mr. Eason (later Sir Herbert Eason) who was then Dean of the Medical School. He had always wanted to work at Guy's having been encouraged in his school days by the late Mr. A. R. Thompson. In his early years his home was in Maze Pond Terrace near the famous old "Ship and Shovel" and many Guy's men had been boarders there. Among them were Mr. A. R. Thompson, Professor Kenelm Digby, Mr. F. J. Steward, Mr. Hugh Davies-Colley, Sir Patrick Laidlaw and Dr. R. C. H. Francis of Hereford who was, as Mr. Roberts says, Sir Charters Symonds's last house surgeon.

After two years of part-time duties, the increase in systematic lectures given in Museum and classroom led to his appointment as whole-time assistant in the Museum. In those days finance was a great problem. Each department was run on the most economical lines that were possible and usually the staff was very small. The assistant in the Gordon Museum was responsible for the stage-setting for a large number of lectures every week, together with preparation and mounting of specimens. During the Curatorship of Dr. John Fawcett and Mr. R. Davies-Colley, little money could be spent on the newer methods of the preparation and mounting of specimens, though, in later years, University of London grants enabled a more lavish policy to be adopted. Mr. Roberts pays great tribute to the present Curator, Dr. Keith Simpson, for during his time of office all sections have been recatalogued and many have been mounted in perspex. As Mr. Roberts says, the Museum no longer basks in the reflected glory of the famous Towne wax models. In the early days, teaching was carried out by means of blackboard diagrams and specimens, but he recalls the introduction in 1909 of a small carbon arc lantern by Sir Charters Symonds. This was followed a little later by the advent of the epidiascope which still is in use, hissing, sizzling and blinking in the Anatomy Theatre.

Before the First War Mr. Roberts in addition to his other duties acted as deputy to Bell in the P.M. room and to the renowned "Doc" Hancock in the dissecting room. In 1916 he joined the R.A.M.C. and spent much time in a hospital ship before being posted to laboratory work in V.D. hospitals in England.

He returned to Guy's in 1919 when Sir Cooper Perry appointed him assistant to Mr. Gerald Mullally in the V.D. out-patients clinic at Guy's. When Mr. Mullally was appointed Assistant Surgeon to the Westminster Hospital, Mr. V. E. Lloyd, who recently retired, took charge of the department and Roberts continued to work under him until 1923. Then on the retirement of Horace Hunt, Mr. Roberts was appointed senior assistant in the Museum and has worked there ever since.

The Second War saw the evacuation of the Medical School and the withdrawal to a secret place of many of the priceless exhibits in the Museum. The skin models were sent to Moccas Court, Hereford, which was the home of Sir Geoffrey Cornewall Bt., one of the Governors of Guy's. The large anatomical models were accommodated in the deepest recesses of some caves in the Caterham Valley. At the end of the war the models were returned to Guy's, many in bad condition, serious deterioration having been caused by dampness and the growth of moulds. However

Mr. Roberts recalls the advice and direction of Dr. Plenderleigh of the British Museum and Dr. Forman during the immediate post war years when he cleaned and remounted nearly 600 models. The quality of this work can be appreciated by all who use the Museum today.

The skin models are now re-described and catalogued and are used freely in classes. They have, of course, a unique historical value in their perpetuation of some conditions now seen but rarely. They are used extensively by the Sister Tutors for their classes of nurses as are the wax anatomical models. The Dental Section of the Museum now has a new classification and style of presentation for which Professor Rushton, Mr. Cooke and Mr. Hutchinson have been responsible. Mr. Roberts told us that he thinks that this section could, with advantage, be put to greater use by present-day dental students.

Mr. Roberts's retirement represents the end of an era during which the Museum has, under Dr. Keith Simpson's direction and with Roberts's own invaluable work, been raised to a height of excellence which makes it the envy of all other hospitals.

CLUBS' UNION ANNUAL BALL, 1957

Despite the difficulties of petrol rationing three hundred enthusiastic guests assembled at the Dorchester Hotel on January 28th for the Annual Ball of the Clubs' Union. Their buoyant mood determined the undoubted success of events to follow and though their number was fewer than on previous occasions, by general acclaim the evening was one of the most enjoyable of its kind in recent years.

Mrs. Kilpatrick kindly acted as Hostess and received the guests with Mr. Frank Ellis.

Although the representation of pre-clinical and Dental students was disappointing it was good to see many well known personalities from the Clinical years tripping the light fantastic and thoroughly enjoying a change from walking the Wards. Whereas their energy necessitated only a short pause in the bar before joining the fray it was noted that most of the numerous members of the Staff who were present felt that the rigours of the Ballroom demanded more elaborate preparation. This additional elbow lifting practice paid dividends later in the evening when, during the Rock 'n Roll session, several fell little short of getting ' hep '.

We were glad to see as always loyal support from the Surgical staff. Mr. Batchelor, the Chairman, and Mr. Eckhoff, the Treasurer, were joined at their table by Messrs. Wass, Kilpatrick, Lewis, Addison, Kinder and Ellis and their wives. The Physicians overcame their temerity and we were delighted by Drs. Stafford Clark, Mackenzie, Finnegan and Joiner and their ladies. The Anaesthetic faculty were staunchly allied in the persons of Drs. Helliwell, Carnegie, Hall and Bishop. Dr. Merivale presided over a table of guests from the Medical School. The Residents filled the largest table and equally welcome were several smaller groups of old Guy's men who enjoyed their renewed associations.

After dinner Mrs. Kilpatrick nobly drew the raffle tickets and presented the prizes among which were a bottle of whisky given by Mr. Eckhoff and a travelling clock. Lower down the prize list Mr. Eckhoff was seen to advance across the floor brandishing a ticket in claim for a bottle of gin. Honour was saved when it emerged that Mrs. Kilpatrick had in fact bought the lucky ticket and applause greeted her when a further draw resulted in a thirsty houseman bearing away the prize.

The highlight of the evening came at midnight when the Cabaret was introduced. Mr. Tim Cullinan wrote three accomplished lyrics not without reference to certain eminent persons and the pianist Mr. Peter Drury, having set these to delightful tunes, accompanied Messrs. Tuddenham and Yetman in their performance. An amusing chant by Mr. Yetman appearing unusually religious was followed by a sophisticated performance from Mr. Mike Woodman. His rendering of 'Ol Man Bl——n' met with uproarious applause when at least one of the most senior men present appeared to be convulsed with mirth. Finally the now well known " Barrow in the Borough " sung by Mr. Tuddenham with great verve left the guests clamouring for more. We are most grateful to those concerned with the production of this Cabaret for a performance which was quite unique in its material and polish.

Once again Mr. Arthur Salisbury led his orchestra to greater and greater heights but all too soon the hour of departure arrived and at 2 a.m. an exhausted but happy throng emerged into Park Lane wishing there had been more time for it all.

FRACTURES OF THE TIBIA
THE APPLICATION OF THE PLASTER CAST

By J. S. BATCHELOR, F.R.C.S.

When the initial radiograph shows that the position of the fracture is acceptable the limb should be immobilised in plaster with the minimum of disturbance. Unfortunately during the application of the cast an acceptable position may become unacceptable, due usually to :—

(1) Endeavouring to apply the cast whilst the leg is supported in mid-air by assistants.

(2) Using the Bohler traction frame, which allows excessive traction and encourages backward angulation.

I therefore make no apology for describing a simple method which enables the surgeon to apply the cast with a minimum of disturbance and assistance.

Fig. (i) The Leg in Position

(1) The leg is placed on a firm pillow which is covered with a waterproof material. It is easy to arrange the pillow so that the knee is slightly flexed, and the fracture is in correct alignment.

(2) The surgeon stands at the foot of the table, where he can easily control the position of the foot and the alignment. Two long Gypsona slabs, each five layers thick, are applied to the lateral and medial surfaces of the leg extending from the upper thigh to the heel, and are moulded to the limb by the surgeon and his assistant. When the fracture is recent gaps should be left between the slabs anteriorly and posteriorly.

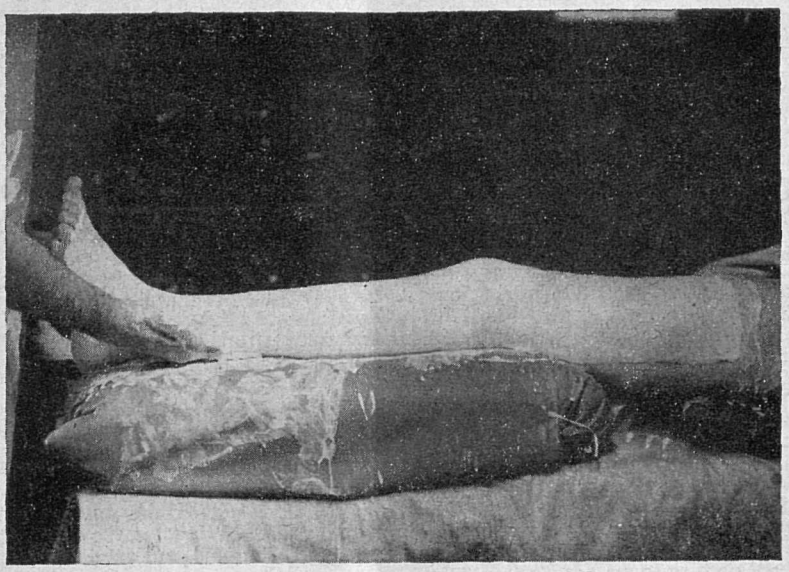

Fig. (ii) The Slabs applied

(3) When the slabs have set the limb can then be lifted without risk of disturbing the fracture, and encircling plaster of Paris bandages are applied. Before this is done strips of splint wool may be placed over the anterior and posterior gaps between the slabs, and when the cast is completed it can then be split throughout its length.

Displaced transverse fractures are best reduced by manual manipulation employing traction and angulation. Some displaced oblique and spiral fractures require internal fixation.

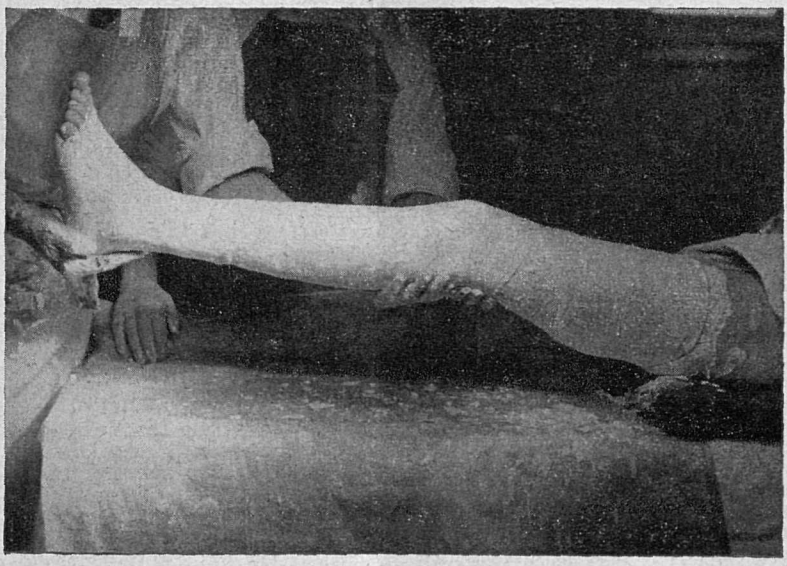

Fig (iii) The Completed Plaster

ANAESTHESIA IN THE SUDAN

By ANDREW THORNTON, M.B., F.F.A.R.C.S., D.A.
(Junior Specialist in Anaesthesia)
R.A.M.C.

FEW are granted the good fortune to pursue their particular branch of medicine whilst serving with the Forces. This article is therefore written to describe a year of Army Service spent in the Sudan with the emphasis on anaesthesia in that country.

Life in the Canal Zone was a monotonous sojourn, broken only by trips to the Red Sea, sailing and swimming in the Bitter Lake, Sunday afternoon "mountaineering expeditions" up the "Flea" (an ugly excrescence of rock and sand behind B.M.H. Fayid) and the delightful exuberance resulting from a really good "bind" with one's friends about life in general and the Army in particular, and what we would do, etc., etc., when the day came for our release.

It was following one of these days that I had retired to my tent early, having made up my mind that the Army was not my "cup of tea" when I was called urgently from my bed with orders to emplane for Khartoum immediately.

It was the night of 1st-2nd March, 1954, and it had been reported that riots had occurred during the day and thirty people had been killed and over one hundred injured. My introduction to the Sudan was therefore sudden and unexpected. Indeed, apart from a vague recollection in my mind that it was set in the hot arid desert of Africa and that Gordon, Kitchener, and Churchill had been there, it meant nothing to me.

From the comparative cool and quiet of the Bitter Lake I was suddenly precipitated into the heat and turmoil of modern Khartoum. Reports regarding the riots were somewhat vague, and after a flight of six hours we landed wondering what to expect. Fortunately the sudden eruption had died down and the situation in military terms was described as "being under control."

The major part of the wounded had been taken into the main civil hospital but some thirteen native members of the Police Force had been admitted to the British military hospital. The majority of the injuries had been caused by spears and knives and by this time the primary treatment of the casualties had been completed. Many of the injuries were grotesque and severe. Of particular interest was that sustained by a policeman who had suffered from the thrust of a spear through his right chest, penetrating his liver and transverse colon. This man later made a remarkable recovery and used to be a daily visitor to the hospital, not for treatment but for tea made by sympathetic British nursing orderlies. One could not but be deeply impressed by the stoical reaction of the Sudanese to suffering, doubtless attributable to their belief that their misfortune was due to the "Will of Allah".

The tense situation caused by the riots subsided in ten days and with regret I returned to the Canal Zone never imagining that I would be fortunate enough to go back two months later. It was therefore with considerable satisfaction that I learnt I was posted there for a year's service.

It had been a long standing arrangement that the R.A.M.C. provided an anaesthetist at Khartoum to supply the needs of the Army and Sudan Medical Service. One's work was essentially to carry out the normal commitments of an Army Medical Officer in looking after the medical needs of the British Garrison and their families and to administer anaesthetics at the civil hospital together with a course of instruction for students at the Kitchener School of Medicine. Experience to be gained was therefore great; from duties as R.M.O. to the Royal Fusiliers, families' doctor, midwifery, treating malaria, removing the occasional appendix to performing post-mortem examinations.

Anaesthetics in a climate with an average daily temperature in the region of 105°F during the months of February to September is a naturally hazardous procedure. The major surgery consisted of the removal of large tumours, usually of the limbs but less frequently of the breast, jaw, and skull. These tumours were often benign taking the form of Fibromas. Many, particularly those affecting the lower limbs, were due to Maduramycosis. All tumours were invariably of enormous proportions. The largest one I personally saw was said to be histologically a Fibroma; it weighed 1/3rd of the total preoperative weight of the patient·

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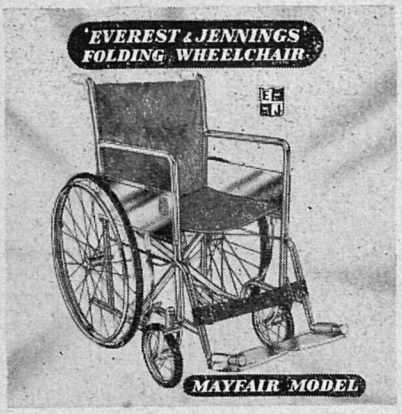

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G.H.G

A fore-quarter amputation was performed, and the patient made an uneventful recovery.

Fibroma

Removed Khartoum, November, 1954, *by Forequarter Amputation.*
Patient's age: 33 *years.*

Soft Fibroadenoma of Breast

I have said that all tumours were of enormous proportions when first seen. I think this was due to several factors. First, many patients came from miles out in the desert very far from medical advice. It was also a strong religious belief that they must die with their bodies intact. This led in many cases to the relatives carrying back with the patient to their village the offending organ removed at operation. This would be kept until the patient died and buried with him. Patients would therefore delay consulting a doctor until the tumour began to interfere with functions to a severe degree.

Thyroidectomy was relatively common for what appeared to be a relatively high incidence of Nodular Goitre. Abdominal cancer was rare and so indeed were all forms of cancer. The commonest major abdominal operation was Prostatectomy; Prolapse and Vesicovaginal fistulae were the main tasks of the gynaecologist. Intrathoracic operations were rarely performed except for emergency conditions. Carcinoma of the Bronchus was rarely seen. Pulmonary Tubercle however was very common but modern surgical treatment had not been introduced at the time of writing this article.

The first impression gained was that abdominal and perineal (colporrhaphies in particular) operative subjects did extremely well under spinal anaesthesia, when related to post-operative morbidity and mortality. The normal practice was to administer "Novocaine" from a stock bottle made up in the dispensary. There was no rigid aseptic technique and undoubtedly the proof of the pudding was in the eating for all the common post-spinal complications were exceedingly rare. Post-spinal headache which is such an incapacitating and common condition in Britain was conspicuous by its absence. Perhaps this was attributable to the marked lack of sensitivity to pain that the average Sudanese patient displays.

One day the dispenser remarked to me that he found one of his staff making up the spinal solution from ordinary tap water and when asked if he usually did it that way his reply was "Yes"! Needless to say since then Nupercaine from sterile ampoules has always been used and it has been found that the high failure rate that occurred with Procaine has been reduced.

Although Ether is the commonest inhalational anaesthetic in use in the Sudan I could find no evidence that there had ever been an anaesthetic explosion in the country, despite the dry climate and the presence of the usually accepted contributory factors likely to lead to one. Indeed the Sudanese theatre orderlies had the particularly annoying habit of sterilising bowls by burning spirit in them, invariably choosing the time to do this when an ether anaesthetic was being given.

The theatre conditions were far from ideal, no anaesthetic room being available apart from the corridor outside the theatre where the patients' relatives would throng by the dozen to encourage their kin! There was no air-conditioning and as can be imagined from the accompanying table of the average temperatures and humidities the conditions were far from ideal both for the patient and the theatre staff.

1921—1950

	Temp. °F.							
		Max.			*Min.*		*Mean Rel.*	*Mean monthly*
	Mean	*High*	*Low*	*Mean*	*High*	*Low*	*Humidity*	*rainfall*
Jan.	88	104	70	60	76	44	31	0
Feb.	91	110	73	61	76	46	24	0
Mar.	98	113	73	66	84	51	19	1
Apl.	104	117	84	73	87	57	17	1
May	107	117	86	78	89	64	24	4
June	106	118	77	80	90	68	36	8
July	100	117	79	77	86	67	51	65
Aug.	97	110	81	76	85	66	61	79
Sept.	100	113	81	78	85	66	47	18
Oct.	102	113	83	77	86	64	33	5
Nov.	96	108	79	69	81	65	31	1
Dec.	91	101	73	63	72	47	34	0

Ether was undoubtedly the anaesthetic of choice on account of its high margin of safety. The Oxford Vapouriser which was an outstanding success during the war has proved to be invaluable, particularly in the outlying stations where invariably general anaesthesia is administered by theatre attendants with little or no experience in more complicated techniques. The dangers of Chloroform and Thiopentone in inexperienced hands has been fully borne out by practice in the Sudan. Intravenous supportive therapy proved in some cases to be a contra-indication to operative procedures as whole blood was most difficult to obtain. No blood banks were available and the only blood to be obtained was from relatives of patients (often impracticable if the patient had come many miles from out in the desert), and from convicts. In many cases plasma substitutes were used where only two or three pints of blood required to be replaced. The remarkable properties

of these substances have established their use in medicine without any shadow of doubt and indeed their use in any future war will revolutionise the primary treatment of shock.

Apart from Khartoum, where the hospital was equipped with the standard Boyle's machine, there was no other elaborate anaesthetic apparatus available in the Sudan. In view of this fact intubation and anaesthesia using relaxant drugs was seldom used elsewhere. Cases requiring the former procedure being brought to Khartoum.

I personally found a most useful combination in Gas, Oxygen, and Trilene. Ostlere has stressed the safety of Trilene in his Symposium (*Trichlorethylene Anaesthesia*) and there is no doubt that if it is used in minimal quantities there is little danger of toxic effect on the myocardium. Naturally the higher atmospheric temperature volatises the trilene in greater quantity and this has to be taken into account during administration. Tachypnoea must be regarded as a sign of overdosage in every case but this is not always reversible even though the administration of Trilene may be stopped. However the administration of relaxants or Pethidine will quieten the respiratory rhythm.

Local analgesia plays an important part in anaesthesia in the Sudan and indeed in outlying stations where the surgeon has no assistant. Therefore it is only natural that surgeons are extremely adept with local analgesia and can perform almost any operation under it.

Ashworth (*Proc. Roy. Soc. Med.*, page 395, vol. 39, 1945-1946) has stressed the importance of pre-medication with Hyoscine rather than Atropine in hot climates. This is of particular importance when the patient's metabolic rate is already elevated by fever and Thyrotoxicosis and I cannot stress too fully the danger of pre-medication with Atropine in these cases. On the occasions that the house surgeon has unwittingly pre-medicated the patient with Atropine there has been a most adverse effect on the condition of the patient during and after operation.

On the whole Sudanese patients, being acclimatised, tend to follow the course of a European undergoing operation in a temperate climate. Europeans who underwent operation in the Sudan re-acted in an inverse ratio to the length of time they had been in a tropical climate. Government officials who had been in the country perhaps only a few months became easily shocked.

This article would be incomplete without a few remarks of the Arab characteristic of "Alokephia". This was reflected particularly in the lack of supervision of post-operative cases, causing much exasperation amongst the medical staff and senior nursing staff. There was a tendency for the post-operative case to be left to the "Will of Allah", particularly during the afternoons when the heat of the day produced a feeling of somnolence amongst the nursing orderlies with resulting catastrophies. As a general rule operations were performed during the cooler part of the day, sessions commencing at 7 a.m. with a break for breakfast.

Beside work in Khartoum it was possible for me to find time occasionally to cross the White Nile and go to the civil hospital at Omdurman. This is one of the largest native cities on the African Continent. It is here that the famous battle was fought between the Mahdi's followers and the relief force led by Kitchener. The site of the battle can still be seen and Kitchener's gunboat is now used as Sailing Club Headquarters. The Mahdi's Tomb, Khalifa's House, and the silver and ivory markets are all sites of interest. It is worthy of note that O'Shaugnessey, a pioneer of Thoracic Surgery worked at the S.M.S. Hospital for a time during his early days.

Duty did not allow me to get away from Khartoum for any length of time but I did get the opportunity to travel by rail to El Obeid, in Darfur Province, 400 miles to the west of Khartoum. This town is famous for its gum market and it was here that I met an interesting personality, Dr. Elgood,* the authority on the history of Arabian Medicine. Both here and at Kosti on the White Nile I had the opportunity of visiting the hospitals. It was with admiration that I watched the medical staff carry out their work to an unusually high standard considering the conditions and equipment.

A further trip by R.A.F. plane took me to the Southern Sudan for five days. Here the country is completely different and instead of endless desert one finds jungle and an abundance of wild animal life. At Juba, the capital of Equatorial

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*Dr. Elgood, M.A., M.D., F.R.C.P., author of *A Medical History of Persia and Eastern Caliphate*. Cambridge Univ. Press, 1951.

Province and the scene of recent rioting I witnessed several operations. Hydatid disease appeared to be very common and operation for Hydatid cyst of the liver was a frequent occurence. A trip East by truck brought us to Torit near the border with Ethiopia. Here a Dutch doctor was carrying out good work under far from ideal conditions.

Teaching was an interesting side-line and I had the opportunity to lecture on the rudiments of anaesthesia to third year medical students at the Kitchener School of Medicine—an interesting and stimulating experience.

Certainly this year in the army was a marvellous opportunity; many are not so lucky and spend their time in less delectable places and with little or nothing of medical interest to pass their time.

It was with regret that I left the Sudan and a year of great interest. More particularly as this was a closing chapter in British History. Six months later Sudanese Independence was declared.

MORE PSYCHOSOMATICS

Tell me doctor, tell me why
My poor physician had to die ?

The doctor said with bated breath
It was a self-inflicted death,
Although it must not be implied
That he committed suicide.
He suffered from a grave defection :
Morbidity of introspection.
I thought him very indiscreet
To give up work in Harley Street.
With ample time at his disposal
His thoughts turned ego-diagnosal.
Imagination did the rest,
He grew neurotically depressed.
To me the cause of death is clear
Your poor physician died of Fear.

E.

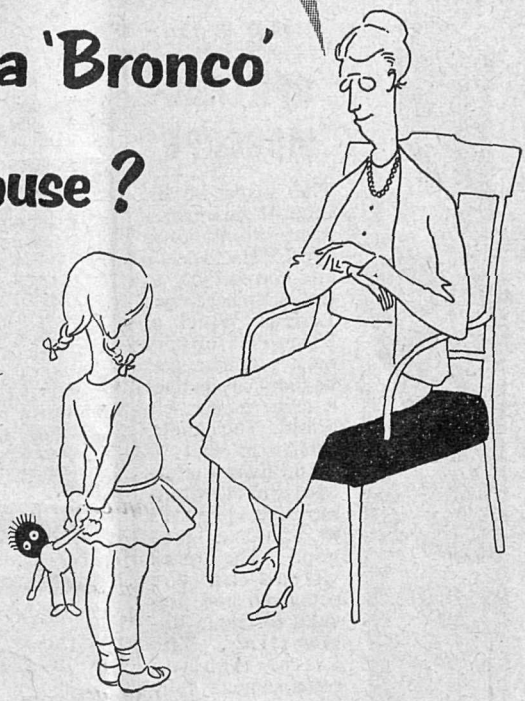
RUN UP THE SHUTTERS !

So Grattan's gone ! I recollect the day
When I towards his door first made my way :
Now stark and vacant stand those shelves whence I
Bore proudly off my CUNNINGHAM *and* GRAY.

It is a platitude that all things pass,
That Time lays cities level with the grass :
So let me heave a philosophic sigh,
And to a lost tradition raise my glass !

E.A.P.

Is there a 'Bronco' in the house?



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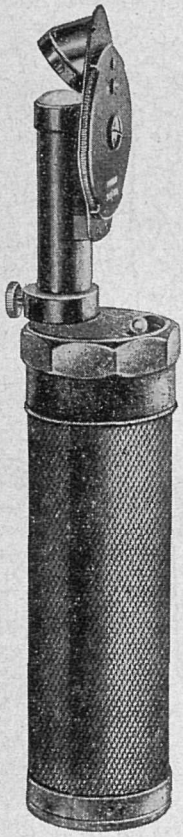

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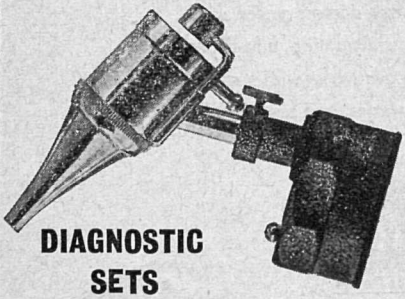

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From a leaflet inserted in Guy's Hospital Gazette. 12th February, 1927.

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EDITOR'S NOTE.—We are surprised to find that it was once possible to obtain a peaceful lunch in what is now the *Gazette* office, and would be interested to hear more of Martha Jane from any of our readers who may remember the establishment.

CORRESPONDENCE

Letters to the Editor of the Gazette

From Air Vice-Marshall M. J. Pigott, C.B.E., B.D.S., F.D.S.R.C.S., Q.H.D.S., R.A.F., Director of Dental Services, Air Ministry.

Dentists' Dilemma

SIR,—Mr. Osmond-Smith, in his letter to you in the issue of the *Guy's Hospital Gazette* of 19th January, makes from his very short experience as a Dental Hygienist in the Royal Air Force nine years ago, a very sweeping but unsupported statement and then proceeds to draw some unjustified conclusions from it.

Certainly the knowledge of the Dental Hygienists trained by the Royal Air Force is limited. It is intentionally limited to the diseases of the supporting tissues of the teeth and their treatment, with sufficient basic knowledge to enable them to carry out this treatment intelligently and to recognize conditions which ought to be referred to the Dental Officer. All the final examinations of R.A.F. dental hygienists are carried out by Sir William Kelsey Fry and surely no Guy's man needs to be assured that no inadequately trained hygienist passes this hurdle.

As with civilian dental surgeons, there are some dental officers who oppose the use of dental hygienists, but few of these base their objections on actual experience, and the majority who enter the Service prepared to scoff remain to pray for their extended use. The lists of unfilled hygienists appointments in the School Dental Service suggests that their use would be appreciated in that Service also.

Mr. Osmond-Smith writes ' Many were very particular to show us our faults and limitations, others were completely disinterested and would not help us in any way.' Might he not equally have written ' Many were interested in our work and helped us to expand our experience and correct our faults, while others were so satisfied with the standard of our work that they were content to accept it in every case.' ?

May I, in conclusion, remind your readers that the term ' Dental Hygienist ' is not synonymous with ' Ancillary '.

Yours etc.,

M. J. PIGOTT.

Air Ministry,
Whitehall, S.W.1.

Napkin Rashes

SIR,—The *Gazette* provides information, amusement, and occasionally education. The correspondence on Napkin Rashes has only provided confusion.

My surgical interest is in the rash as it affects the lowest tubule of the genito-urinary tract, and its skin covering. I was hoping for a clear description of the pathology and treatment, but have been so far disappointed.

Can you persuade one of your correspondents to clarify matters, using a searchlight, and not seeking the limelight ?

What is the *p*H of the urine secreted by the patient, and what urea splitting organisms are grown in culture from the napkins ?

Is Boracic Acid a poison, and what is the minimum lethal dose ?

Is Sanitas Jelly better than Calves' Foot Jelly, and why ?

What is Roccall ? Is there a place for the use of Barrier Creams ? Do the alkaline diuretics help ?

A statement *ex cathedra* would dispel some of the fog rising from the backs of the two opposing forwards, Doctors MacKeith and Tudgay.

Yours etc.,

P. A. LANE ROBERTS.

11, Adelaide Crescent,
Hove 3, Sussex.

Guy's Goes West

SIR,—The following extracts appear in an article, "The Physician as a Sportsman" by Allan J. Ryan, M.D., Meriden, Conn., published in the Journal of the *American Medical Association*, Vol. 162, No. 12, dated 17th November, 1956, which has just reached me in the course of circulation :—

"In the field of Rugby football, a remarkable record is held by Leonard Stokes of Guy's Hospital, Oxford, England, who drop-kicked an 80 yard field goal while playing for England in an international match in the 1880's."

* * * *

"... while a medical student, Roger Bannister, now of Guy's Hospital, Oxford, England, a keen student of the psychology and physiology of distance running, was the first man to run the mile in less than four minutes."

* * * *

Good old Guy's Hospital, Oxford, England—rah ! Rah ! ! RAH ! ! !

Yours etc.,

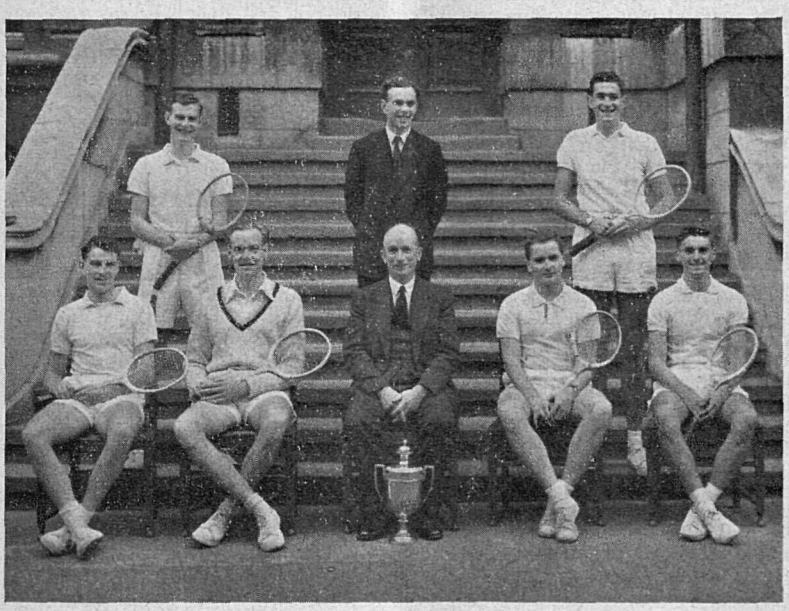
C. E. GALLAGHER.

"Killiecrankie,"
196, Main Road,
Sidcup, Kent.

GUY'S HOSPITAL TENNIS CLUB

Winners of the London University Cup—1955

Winners of the Inter-Hospitals' Tennis Cup—1956



E. K. M. Smith *R. G. Hornung (Secretary)* *D. C. Sellman*

C. Maggs *G. B. C. Jones (Captain)* *J. B. Blaikley, Esq. (Vice-President)* *A. H. Black* *M. H. Devereux*

Absent : J. A. Quant

REVIEWS

Interesting Cases and Pathological Considerations. By F. PARKES WEBER, M.D., F.R.C.P., 1956. H. K. Lewis & Co. *Price* 18*s.* 6*d.*

For many years, Dr. Parkes Weber has been a living encyclopaedia to whom reference could be made about rare diseases and seldom in vain. In about 50 pages of the present book he refers to a goodly number of such conditions with very valuable references to original articles. The pathology of many of these states is, at present, but little understood and there is often no basis for rational classification ; it is not surprising, therefore, that in some sections we find a discussion on a given type of lesion occurring in many parts of the body and in others a talk about non-related diseases affecting a single organ such as the lung ; but to those using the book for reference purposes there is a good index and to the many who will read and re-read the pages it will be hearing Dr. Parkes Weber talking again on his varying themes which will interest and stimulate them.

Dr. Parkes Weber is at heart a collector and it is perhaps typical of him that in what he calls his ' evensong ' he should pass from a lifetime's collection of medical observations to a ' numismatic suggestion ' in the hope that this may meet the eye of some doctor who may be devoted to such a hobby.

A.C.H.

Christian Essays in Psychiatry. By PHILIP MAIRET. S.C.M. Press Ltd. *Price* 15*s.*

God is an illusion, a father figure projected on to the sky, created by men to comfort them in their helplessness. This was the philosophy of Sigmund Freud, whose religious papers represent sheer atheism. And so it is perhaps confusing to learn that some serious thinkers uphold psychoanalysis as a theory and a therapeutic method, and that many psychiatrists do not find their working concepts incompatible with Christian belief.

Christian Essays in Psychiatry is a symposium by seven psychiatrists, two theologians (I searched in vain for the third mentioned in the introduction) and an " educationist ". It is concerned to show that Christianity and Psychiatry are not *ipso facto* antagonistic, to demonstrate their respective spheres and to determine what happens, or should happen, when those spheres overlap.

The nature of the problem is stated, with clarity and compassion, by Dr. D. Stafford-Clark. There follow two essays on Current Concepts in Psychiatry (Dr. D. Pond) and the Presuppositions of Psychoanalysis. The latter, by Mr. P. Mairet, presents with lucid brevity the basic tenets of the Freudians, Alderian and Jungian schools.

A theory of the Religious Development of the Individual, which Dr. A. Storr believes to be analogous to sexual development, contrasts with the Rev. E. Evans's more pastoral approach to the Phases of Psychic Life. Indeed most of these essays are concerned to some extent with this difference in approach of the pastor and the psychiatrist. Miss Eve Lewis, a child psychotherapist, contributes her original observations on the Development of the Religious Attitude in Children. This is a long essay written from a Jungian viewpoint, enlivened by extracts from case-histories and the author's penetrating insight and understanding of the fantastical world of childhood.

The inside picture of the Christian analyst at work is disclosed by Dr. A. Russell, who correlates many apparently incompatible things. Curiously isolated from the rest of the work, Dr. E. B. Strauss discusses the Constitutional Approach. One of the better contributions is an erudite exposition by Father V. White on Guilt, Theological and Psychological. Finally, Dr. Martin defines most usefully the position of the psychiatrist with regard to Religious Symptoms in Mental Disease.

This is a patchwork collection, displaying a remarkable variation in the quality of the individual essays. The thread that binds them is Christianity, which embraces all manner and kind of men. So here we find all manner and kind of views expressed, and some of course are not wholly reconcilable. It is difficult to know at whom the book is aimed, since in one essay simple psychological terms receive definition while in another such statements as " the psychological law of enantiodromia ensures that . . . the coming of Christ heralds the reign of Antichrist "

pass without comment. Again, it is annoying to be repeatedly reminded that the essay is too short to deal adequately with the subject. The negligible index could be expanded many-fold before it would be valuable.

Despite its shortcomings however, this book forms an interesting and valuable contribution to current thought in a highly controversial and supremely important field—the approach to " the practical work of dealing with sick, delinquent and perplexed human beings ".

B.L.M.

Progress in Clinical Medicine. By RAYMOND DALEY, M.A., M.D.(Cantab.), F.R.C.P. and HENRY MILLER, M.D.(Durh.), F.R.C.P., D.P.M., 3rd Edition, 1956. J. & A. Churchill, Ltd. *Price* 40*s.*

The busy physician finds the task of keeping abreast with advances almost impossible. "Daley & Miller" now in its third edition, helps to make that task a pleasure.

The Editors are to be congratulated on maintaining the high standard of the previous editions. Psychiatry has been omitted and two new chapters added. A most helpful one on Care of the Aged; the other an introduction to the difficult subject of Radioactive Isotopes. Other topics dealt with for the first time are surgical treatment of heart disease, management of hypertension, the new insulins, cortisone and corticotrophic hormones in blood disease, cervical spondylosis, carcinomatous neuropathy, clinical aspects of disease of the adrenal glands and the mechanism of renal failure.

The book continues to be a review of recent literature by well known experts in their particular fields who have incorporated their own opinion and experience, which adds considerably to the value of the sections. A most valuable feature is the inclusion of excellent up-to-date references. Lucid accounts are to be found on such difficult topics as Steatorrhœa, Metabolic bone disease, Hæmorrhagic diseases and the place of Electro-encephalography. The section on Renal disorders, containing much new work, calls for close attention and praise.

One cannot hope to agree with all the statements in a book of this nature, but there is little that calls for serious criticism. It is surprising not to see epilepsy mentioned as a cause of "falls in old people". On page 130 when discussing the treatment of low salt syndrome resulting from mercurial diuretics, it would be more helpful to know what the author means by small amounts of intravenous hypertonic saline. The term *Nephrosis*, having been decently buried in the section on Renal disorders, unfortunately heads a section on page 341.

The book is excellently produced and can be thoroughly recommended to physicians and anyone wishing to know the up-to-date views in clinical medicine. Those working for higher examinations will find it particularly valuable.

T. R. L. F.

A Pocket Gynaecology. By S. G. CLAYTON, M.D., M.S., F.R.C.S., F.R.C.O.G. Third Edition. J. & A. Churchill, Ltd. *Price* 10*s.* 6*d.*

This small volume attempts to cover the whole gynaecological field, and so is necessarily sketchy. The arrangement is good ; the book opens with descriptions of the normal anatomy and physiology, and throughout the presentation of the text is easy to the eye and perhaps deceptively easy to the mind. Lists abound, and they are the stuff of which successful examination papers are made. The few illustrations are apt. I found the occasional omission of words, converting parts of the text to " note form " irritating.

The author is perhaps over-dogmatic in controversial subjects, such as the use of endocrine therapy. Further, in a textbook intended for gullible students, unconventional methods of treatment should not be recommended ; on this count, the random administration of thyroid extract and the use of X-rays to "stimulate the pituitary or ovaries " are to be deprecated.

None the less, this book has a useful place in the pocket not only of the harrassed examination candidate, but also of the student just about to begin the study of gynaecology. There is no danger that it will replace more comprehensive works, for Mr. Clayton should have no compunction in failing a candidate whose knowledge was limited to what he has presented here.

E.M.B.

SPORT

UNITED HOSPITALS SAILING CLUB

At the Annual General Meeting held on Friday, 1st February, 1957, in the Anatomy Theatre, Guy's Hospital, the following were elected as officers of the club for the year 1957-58 :—

President	Sir Heneage Olgivie, *K.B.E.*, M.Ch., M.S., F.R.C.S.
Vice-Presidents	Julian Taylor, Esq., *C.B.E.*, M.S., F.R.C.S.
	Hedley Atkins, Esq., D.M., M.Ch., F.R.C.S.
Commodore	H. R. I. Wolfe, Esq., V.R.D., M.S., F.R.C.S.
Vice-Commodores	Prof. M. L. Rosenheim, *C.B.E.*, M D , F.R.C.P.
	J. Cambrook, Esq., F.D.S., M.R.C.S., L.R.C.P.
	C. Butler, Esq., F.R.C.S.
Rear-Commodore	C. Debenham, Esq., F.D.S., R.C.S.Eng.
Hon. Barge Organizers	J. Bunyan, Esq., L.D.S. R.C.S.
	Capt. T. P. Bass., B.D.S., L.D.S.
Hon. Treasurer	G. Qvist, Esq., F.R.C.S.
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Hon. Assts. Bosuns	D. M. Welch, Esq.(St. Barts.)
	A. Adamson, Esq.(St. Mary's)

The Meeting was followed by the Annual Dinner which was held in the Upper Spit and attended by 110 people. Guests of honour were Dr. and Mrs. Pye who sailed "Moonraker" round the world. At the end of the Dinner a presentation was made to Mr. H. C. Crafer in recognition of what he has done for the Club both as a friend and as Hon. Auditor, from which post he has just retired.

GUY'S HOSPITAL SQUASH CLUB

The Squash Club's match results so far this season have been only reasonably satisfactory. Last year the Hospital had its most successful season ever, winning both Inter-Hospitals' cups and the London University Shield and also winning promotion into the first division of the Cumberland Cup Competition—the first time that a team from any hospital has been in this division.

At the beginning of the season we had high opes of having an even more successfut year han last. We had lost D. J. Palmer but we had gained A. F. Gazalan, who was already an Indian International player. (We now have three Squash Internationals at Guy's, the other two being S. J. S. Lam, who captained India last season, and G. M. Davies, who played for Wales against Scotland a few days ago.)

Unfortunately, things have not turned out quite as well as they might. M. A. C. Lyon has been kept too busy with his house job to turn out as regularly as had been hoped, and one or two other members of the team have been troubled with exams., and have been unable to produce their best form at all times. Also it must be remembered that among our opponents in the Cumberland Cup are some of the strongest clubs in the country and that their teams are entirely composed of internationals or county players.

However, it seems likely that we shall be able to stay in the first division of the Cumberland Cup, although nearer the bottom than the top. Also, we are already through to the semi-finals of both Inter-Hospitals' Cups and the London University Shield and there seems to be a very good chance that we shall again win all three.

The strength of the club can be gauged from the fact that no fewer than seventeen different people have played for the 2nd V, which is, as yet unbeaten.

RESULTS

1st V *v.* Ashtead	Won 4-1
1st V *v.* Wellesley	Won 4-1
1st V *v.* St. Thomas's Hospital	Lost 1-4
2nd V *v.* Northampton Eng. College	Won 4-1
2nd V *v.* Westminster Hospital	Won 5-0
2nd V *v.* Bank of England	Won 4-1
1st V *v.* R.N.C. Greewich	Won 5-0
*1st V *v.* Priory	Lost 2-3
*1st V *v.* Wimbledon	Won 3-2
2nd V *v.* Old Whitgiftians	Won 4-1
2nd V *v.* Bensons	Won 5-0
*1st V *v.* Hampstead	Lost 1-4
2nd V *v.* Bishops	Won 5-0
A V *v.* Jesus College, Oxford	Won 5-0
*1st V *v.* Paddington	Won 3-2
1st III *v.* Battersea Polytechnic	Won 3-0
*1st V *v.* Wanstead	Lost 1-4
A V *v.* Oriel College, Oxford	Lost 1-4
1st V *v.* St. Bartholomew's Hospital	Won 5-0
1st V *v.* Escorts	Won 3-2
*1st V *v.* Priory	Lost 2-3
A V *v.* Cambridge U. Ganders	Lost 1-4
*1st V *v.* Wimbledon	Lost 1-4
1st V *v.* Jesters	Won 3-2
1st III *v.* University College	Won 3-0
2nd V *v.* University College Hospital	Won 5-0
1st V *v.* Middlesex Hospital	Won 3-1
1st V *v.* R.N.C. Greenwich	Lost 2-3

*one unplayed.

HOCKEY

Hospitals Senior Cup Match—Semi-final

Guy's *v.* Middlesex Hospital

At H.O.P.
Won 4—2

The game was played at H.O.P. In the short respite from rain, prior to the match, Mr. Kirby had put in some excellent work on the pitch, which was in splendid condition.

Forecasts of the result were inevitably in favour of a win for Middlesex for, with their three internationals, Weir and Ledingham of Scotland, Thompson of Wales and Cole who plays for the East, they are a formidable side.

Guy's as usual were rather slow in starting and during the preliminary stages were forced into the defensive by fast thrusting movements led by Thompson at inside right for Middlesex. The defence backed by the safe keeping of Nicholson demonstrated a comforting solidity and soon the Guy's reorganised forward line was given the opportunity to prove itself.

Millar playing an intelligent game at inside

left helped by good distribution of the ball to unite what had in previous games been a rather unco-ordinated line. After quarter of an hour Mackenzie, playing a tenacious game on the right wing, got away, crossed the ball to Millar who pushed it accurately past the goalkeeper to put Guy's into the lead. Guy's, using the short and through passes well, maintained the pressure on the Middlesex goal and were soon rewarded with a further goal by Blake.

A period of mid-field 'tennis' followed during which the Guy's defence allowed themselves to be drawn too far up field. A quick through pass was snatched up by Johnson the Middlesex centre forward who ran through with only the goalkeeper to beat and reduced the deficit.

Middlesex inspired by this effort swept into attack and for a time panic seemed to reign in the Guy's defence with much uncontrolled hitting. A shot by Thompson deflected round the post by Tuddenham's foot resulted in some tense moments. Tuddenham, to everyone's surprise, beat the redoubtable Thompson in the penalty-bully and the half-time whistle relieved the pressure and gave a breathing space to the apparently stricken Guy's defence.

After the interval Guy's settled down again particularly in defence, Dyde and Tuddenham playing in very determined fashion and Woodman and Laney covering excellently at wing half. Penetration beyond the Guy's '25' became rare. Play was directed down the weaker left side of the Middlesex defence and Mackenzie, bustling his way down the wing, gave Millar a perfect pass which he rapidly converted into a goal. Soon after this Millar completed his hat-trick following a movement set in motion by Morgan. With a comfortable lead of three goals, there was evidence of a slackening of effort by Guy's. As if to prove that Middlesex were still a force to be reckoned with Thompson slipped through the defence and beat the Guy's 'keeper with a powerful shot from the edge of the circle.

Some robust hockey followed as the Middlesex team made an all-out effort to close the gap. Guy's defence held out well and relieved the pressure by long clearances to the wing forwards. A period of rather negative play in which neither '25' was crossed was ended by the final whistle and a duly elated Guy's side were again in the Final.

Team: K. Nicholson, A. Dyde, M. Teddenham, M. Woodman, B. Foster (Capt.), D. Laney, A. Mackenzie, M. Morgan, M. Blake, G. Millar, D. Bevan-Thomas.

CROSS COUNTRY

The 6 miles Hyde Park Road Race was held on Wednesday, 30th January, at 3.0 p.m. Hosts: St. Mary's.

Result :	1st	Middlesex	49 points
	2nd	Guy's	70 ,,
	3rd	St. Thomas's	84 ,,
	4th	St. Mary's	99 ,,
	5th	London	106 ,,
	6th	Westminster	146 ,,

Guy's Team and positions : A. Parrott (2), J. Rickett (4), R. Huddy (6), C. Wastell (26), O. Legg (32), N. Stamp (35).

Match *v* London Hospital, Institute of Education, Queen Mary College

Held at Hale End over 5½ mile course on Wednesday, 6th February, 1957

Result :

1st	Institute of Education	49	points
2nd	Queen Mary College	50	,,
3rd	Guy's Hospital	52	,,
4th	London Hospital	61	,,

Guy's Team and Position : A. Parrott (2), J. Rickett (4), C. Wastell (8), M. Ford (15), O. Legg (23), N. Stamp (25).

A FORENSIC EXHIBIT

The Bart's Mascot awaiting autopsy

WOMEN'S HOCKEY

Semi-final of Inter-Hospitals' Tournament
Guy's *v.* St. Thomas's Hospital

At Cobham February 2nd, 1957
Won 8—2

This was among the most enjoyable and successful matches that we have played this season. The afternoon was fine, but owing to previous rain the ground was extremely soft. This slowed the game up considerably, and was one cause of the scrappy play and short passing that were features of the game.

The match started slowly, and both teams were rather ineffectual for a time. Then, in the first real attacking movement by the Guy's forwards M. Maynard took the ball down the wing and shot a superb goal from a very oblique angle. This was soon followed by a goal from P. Cave, and then St. Thomas's brought the score to 2—1. The game then stayed in the half that Guy's were defending for a time, due largely to the bad positioning of the defence, who muddled hopelessly, but St. Thomas's did not score again and H. Lachlan scored another goal for Guy's before half-time. During the second half H. Lachlan scored three more goals, and K. Allsopp scored one. St. Thomas's made one determined and combined attack soon after half-time, which resulted in a goal, but after that, although they were awarded several corners, they did not seriously threaten Guy's position.

The Guy's forward line played better in this match than in any other this season. As usual M. Maynard was indispensable on the R. wing. The forwards worked well as a team, and were more persistent in shooting and following up passes in the circle than usual, thus correcting their worst fault. There was tendency to be off-side, and a bad fault was making badly

placed passes soon after receiving the ball. Fortunately this did not happen often.

The defence, as has been mentioned before, muddled badly. If this fault could be overcome they would be a good combination. They did not clear the ball hard enough; this was difficult on the very soft ground.

The team will need much practice together before they meet St. Bartholomew's Hospital in the final. A much stronger Guy's team than we have this year was beaten by Bart's in last year's final. However, we remain optimistic.

Guy's *v.* L.S.E.

At H.O.P., 23rd January, 1957
Lost 1—3

Guy's *v.* King's College

At Mitcham, 26th January, 1957
Lost 0—10

Team: C. Shepherd, L. Gallagher, M. Donovan, M. Harwood, P. Cave, M. Maher, M. Maynard (Capt.), K. Allsopp, M. Gillett, M. Bown, H. Lachlan.

HOSPITAL INFORMATION

PASS LIST

UNIVERSITY OF LONDON

M.D.
January, 1957
J. G. P. Hutchison

UNIVERSITY OF MANCHESTER

M.B., Ch.B.
3rd M.B. Pharmacology, Pathology and Bacteriology
April, 1956
P. G. Hickson

Final M.B. (Part I) Forensic Medicine and Hygiene and Preventive Medicine
December, 1956
P. G. Hickson
(Awarded Distinction in Forensic Medicine)

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M.R.C.P.
P. R. Montgomery L. Wollner

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January, 1957

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Pathology, Bacteriology and Forensic Medicine
*D. L. Oldfield

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M. J. Allan *M. L. A. B. Bancilhon
J. H. Kendall

*Have completed the examination

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SPRINGFIELD HOUSE, nr. Bedford. (Tel. Bedford 3417). For Mental Cases (including the aged). Fees from Nine guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

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HISTORY OF GUY'S 1725/1948. A few copies still available for Students, Nurses and Staff at a reduced price. 12/6 each, post 1/6. Apply: The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1.

SHERLOCK HOLMES AND DR. WATSON. 2*s.* The Hound of the Baskervilles 1*s.* Reprints available from *Gazette* Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London. S.E.1.

CHANGES OF ADDRESS

J. M. D. Hooper, B.M., B.Ch., North Lodge, Chalfont Park, Chalfont St. Peter, Bucks.

E. J. Masters, M.B., B.S., D.C.H., D.Obst. R.C.O.G., Cornerways, The Boulevard, Worthing, Sussex. (Tel. Goring-by-Sea 43355).

Miss S. Mullally, M.B., B.S., D.A., 123 Promenade, Cheltenham, Glos. (Tel. Cheltenham 3511).

BIRTHS

LOEB.—On 13th January, 1957, at Nuffield House, to Jocelyn (née Bennett), wife of J. A. Loeb, F.R.C.S., a son (Graham John), a brother for Stephen.

NEVILLE.—On 27th January, 1957, at Queen Charlotte's Hospital to Ruth (née Wood), wife of Richard Neville, M.R.C.S., L.R.C.P., a daughter (Susan).

TAYLOR.—On 4th February, 1957, to Janet (née Galloway, S.R.N.), wife of Edward J. Taylor, L.D.S.R.C.S., a daughter (Lynn Mary).

WINSTANLEY.—On 5th February, 1957, at Henley-on-Thames, to Beryl (née Hughes), wife of T. Magor Winstanley, M.B., B.S., a son (William Nigel).

MARRIAGES

SMITH—WILLIAMS.—On 29th December, 1956, at Lincoln, William Smith, M.B., Ch.B., D.C.H., to Eileen Williams, S.R.N.

WILLIS—RYAN.—On 9th February, 1957, at The Holy Ghost Church, Bayernallee, Berlin, Captain Michael Francis Willis, R.A.M.C., to Elizabeth Ryan.

Eds. { P.S.B. T.W.H.

St. Ivel LACTIC CHEESE

IS OF GREAT VALUE TO

THE DIABETIC BECAUSE

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St. Ivel is a delicious cheese, and in the case of diabetics it certainly does make a valuable and much appreciated contribution to what is often an irksome diet.

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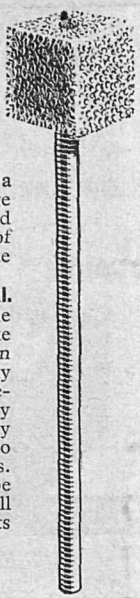

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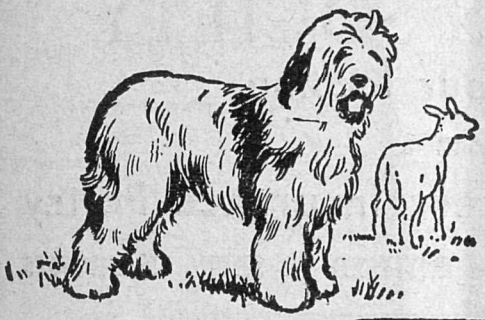

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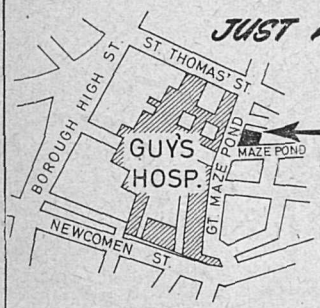

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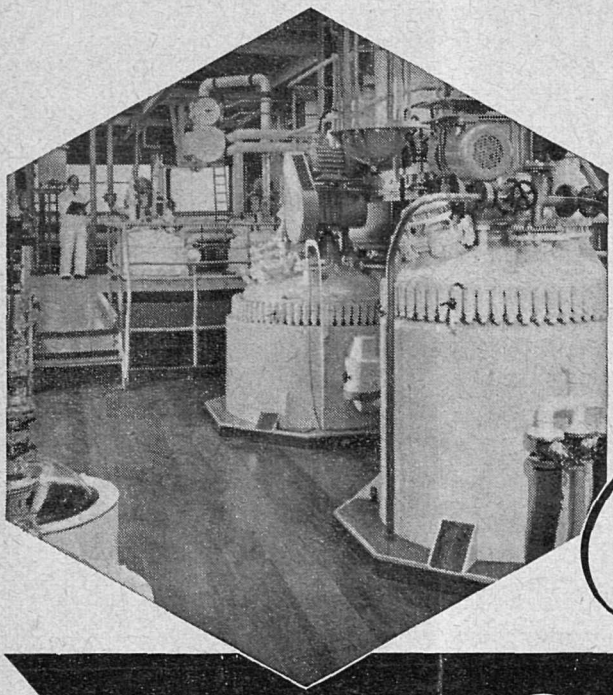

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GUY'S HOSPITAL GAZETTE

2nd March 1957

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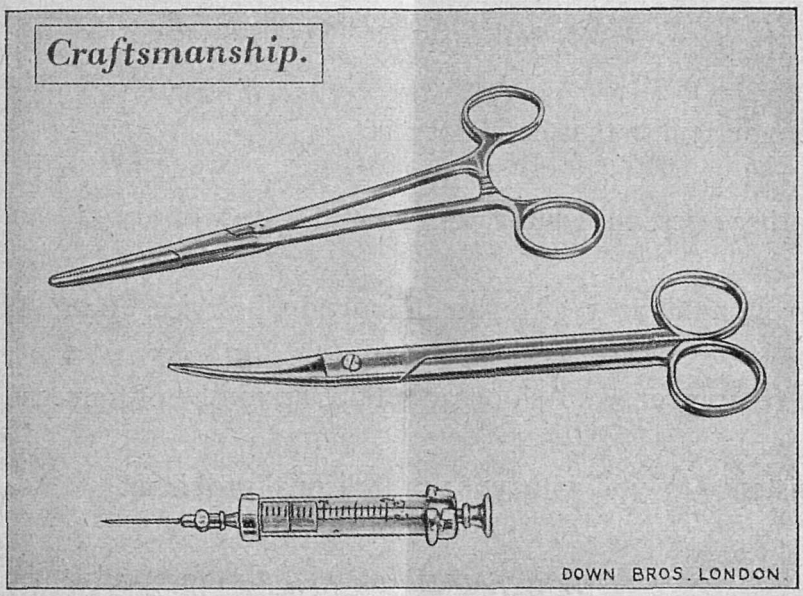

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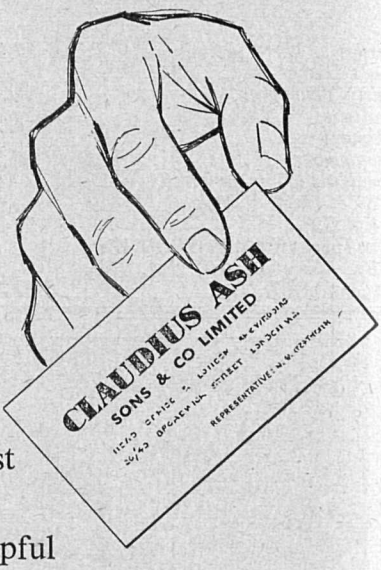

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PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1790 *2nd March* 1957 *One Shilling*

PASSIM

The Royal Commission—A Last Straw ?

IN our issue of September 1st of last year, some editorial reference was made to the unhappy situation engendered by the official attitude to the payment of doctors. Now, after six months of medical, political and medico-political rumblings, we can only report that a serious deterioration in the profession's relations with the government has occurred. What was then a matter of acrimony and discord now looks to have the beginnings of frank revolt by the doctors of Britain.

Late last year and early in this, the British Medical Guild has been formed to act as an organising body if (or rather *when*) mass withdrawal from the National Health Service occurs. We think that the Medical profession means business this time. The temporizings and discourtesies that have emanated from Whitehall are likely to be met by early action.

The B.M.A. has tirelessly continued to put the profession's case before those who stand in authority. The answers have been unsatisfactory enough in the past. The latest beats them all for stupidity and dishonesty. Arbitration on the pay claim (a reasonable enough request in itself) has again been rejected and the policy envisaged in the Spens report is contemptuously abandoned. What is now being offered to the profession ? A withered carrot on the end of a long political string.

A Royal Commission is to be set up to consider the problem of doctors' and dentists' salaries. To the uninitiated this may sound like a generous gesture, pregnant with a promise of deep and learned consideration. Its actual meaning is rather different. Royal commissions are, in general, bodies of individually admirable people who are gathered together to discuss, at length, an important issue—usually in order to delay some political emergency. Their reports may take anything from a few months to several years to appear. We cannot believe that this method of retarding the solution of the pay problem can be regarded as anything other than political juggling of the most odious sort.

It is certain that now that the government has recommended this abysmally slow piece of machinery, some other action will be contemplated by the leaders of the medical and dental professions. Of the several possible courses of action, there is one which is overwhelmingly the most likely. This is the secession of most of the doctors of Britain from the health service. The scheme is simple. There would be a return to the days of private practice with direct remuneration of the doctor by his patients. Whatever happens,

there must be no harm done to the health of the country as a result of any strike action. It must be certain that no ill patient shall lack attention during the turmoil that is to come. The duty of the doctor to his patients must take absolute precedence over his attempts to maintain his standard of living.

Once the plans are made for a mass secession (if this is to happen) no time should be wasted if the measure is to have any success. Any student of strategy will recall that innumerable generals have extolled the virtues of quick action. The leaders of the profession should also remember the hallowed military and physiological maxim which says that inactivity and cold feet go together—the longer the one, the colder the other.

The suggested formation of a Royal Commission means a delay of several years before justice is done. This will just not do. The time is ripe for action. Let us hope that if this action comes, the profession will acquit itself with more distinction than was noted in the poorly-led skirmishes that preceded the capitulations of 1948.

We remind our readers yet again that the opinions expressed in *Passim* are those of the Editor. Under no circumstances should it be imagined that they are a statement of official Hospital or School policies.

This month Lord Cunliffe celebrates his 21st anniversary in office as Chairman of the Court and later of the Board of Governors of Guy's Hospital. It is, in addition, his silver jubilee as a Governor.

His period of office, therefore, is exceptional, but that of the legendary Benjamin Harrison, the younger, whose 51 years as Treasurer are likely to be a record for such a tenure.

In recognition of Lord Cunliffe's sterling work, the Governors and Staff of the Hospital have presented him with a silver rose bowl and a fine piece of Ming dynasty jade. These gifts were presented on 21st February at an informal gathering of Staff and Governors. We join with our seniors in thanking Lord Cunliffe for his valuable work for Guy's and wish him many more happy years in office.

It is with regret that we note the death of " Jimmy " the Guy's electrician. An obituary notice will be found on page 93.

A reader has sent us a most interesting cutting from the *Surrey Advertiser* which interested us as we know it will interest our readers. This is the report of an inquest on a mental patient who committed suicide by jumping from a train in a tunnel. A Guy's nurse, Miss Helen McLean endeavoured to hold on to this man as he tried to jump from the train and, when he succeeded in leaping and the train was stopped, she tried to reach his body which was then lying on the live rail. The coroner congratulated Miss McLean on " bravery of the highest category " and we know that *Gazette* readers would wish to associate themselves with this commendation.

We congratulate Dr. W. H. Steavenson on his election as President of the Royal Astronomical Society. Dr. Steavenson, who is a former President of the British Astronomical Association is, we think, the first Guy's man to attain this position.

We congratulate Dr. D. F. V. Brunsdon on his appointment as Director of the Fredericton Regional Laboratory, Fredericton, New Brunswick, Canada. Dr. Brunsdon who is well known to many people who have been at Guy's during the last few years, as he was registrar in the Clinical Pathology Department before he left for Canada. He makes a generous offer to answer any queries from Guy's men who would like information on medicine or pathology in Canada. Mrs. Brunsdon too will be happy to give advice and assistance to any Guy's wife who would like to know about living conditions over there. Dr. Brunsdon says in his letter that life is very pleasant, but different in many ways, from that in Great Britain and he comments that he could get little information before he left about the sort of thing he could expect in his new surroundings. We know that many people are considering the possibilities of leaving for Canada and we are sure that Dr. Brunsdon's kindly offer will be taken up by some of them.

We congratulate Dr. M. J. Blunt, a Guy's man, on his appointment to the post of University Reader in Anatomy at St. Bartholomew's Hospital Medical College where he is at present a lecturer.

An interesting little scene was enacted in the Great Maze Pond the other day. A heavy lorry, jammed between two vans and a private car, produced complete stasis for a few minutes. It was notable, we think, that none of the contestants had any business with either the hospital or the adjacent hop warehouses. All of them were, in fact, using the road as a throughway. In the midst of the noisy confusion the work of the hospital went on. In Front Surgery someone was probably attempting to elicit physical signs from a chest that was sonically far inferior (quantitatively), to four protesting internal combustion engines. We suppose that the same diagnostic struggle went on in several wards. While the tangle was being sorted out a philosophical ambulance driver extracted and inspected his chewing-gum and turned off his engine. With unconscious irony he said: "It's all right now, but just wait until the rationing comes off again."

Soon we hope to see the beginning of work on the new surgical block. The congestion of traffic in our own part of the Borough will inevitably become still worse. There can be little doubt, as we have said previously, that the Great Maze Pond should become a private road within the hospital precincts. When the new block and the further buildings which will follow it are in use, the presence of a busy public road through the middle of Guy's will be an obnoxious anachronism. As the plans go forward now we would suggest that the fate of this road should be settled. The greater Guy's which is forecast will need its own road scheme for access and inter-communication. That is an honourable function and, we suggest, the only proper function for the Great Maze Pond.

The last two weeks have seen intense theatrical activity at Guy's. The Residents' Play had crowded audiences each night and has been unanimously adjudged to be one of the best of recent years. A report will be published in our next issue.

A new departure has been the action of the Theatre Club in

staging a production in the following week. As we go to press, they are presenting *Figure of Fun* by André Roussin. Such a theatrical crescendo has sound financial reasons behind it. The cost of erecting a stage in the Physiology Theatre is considerable and the sharing of expenses by the two productions has great advantages.

We congratulate the Cross-Country team on winning the Kent Hughes Cup. An account of the history of the United Hospitals Club appears, by a happy coincidence, in this issue.

GUY'S DIARY

MARCH			Exhibition. Department of Surgery. *Hæmaturia.*
5th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture. *Moles and Melanomata.*
7th	T	1.00	Dr. Christopher Hardwick. Clinical Lecture. *Lardaceous Disease.*
		5.00	X-ray Meeting. Medical X-ray Department.
8th	F	5.00	Art Society. Mr. R. Darlow. *Perspective and Proportion.* Dental Theatre.
9th	S	10.00	Departmental Round. Mr. E. W. Riches (Middlesex Hospital). Clinical Theatre.
			Rugby 1st XV *v.* Nuneaton (H.O.P.).
12th	T	5.15	Dental Society. Mr. A. H. R. Rowe. *The N.H.S. in Practice.*
13th	W	4.45	Science Club. Mr. P. A. Gardiner. *Nutritional Aspects of Short-Sight in Children.* Staff Common Room. (Tea 4.30 p.m.)
14th	Th	1.00	Professor Robert Knox. Clinical Lecture. *Drug Resistance in Bacteria.*
		5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
		5.00	X-ray Meeting. Medical X-ray Department.
15th	F	1.00	Dr. W. N. Mann. Clinical Lecture. *Chronic Diarrhoea.*
16th	S		Rugby 1st XV *v.* Gloucester (Gloucester).
18th	M	1.00	Dr. A. M. Hutton. Clinical Lecture. *Anæsthesia in the Dental Chair.*

Thirty Years Ago

From Guy's Hospital Gazette, 26th February, 1927.

The side gate, looking out on Great Maze Pond, is in the process of enlargement and reconstruction. The iron railings and gate previously continued in a straight line (about 10 yards outside the Memorial Arch) from the Surgical to the Medical blocks. The railings are now being curved in to the Arch, and the gate actually put across between two pillars of the Arch, thus widening very considerably the only entrance for vehicles to the Park.

It seems that the old gate would have rendered the entry of fire engines to the Park either an impossibility or at least an extremely difficult and prolonged business, and we breath a sigh of relief on realising that there is now little foundation for the mental picture of a blazing Nurses' Home, with the occupants of the College rescuing terror-stricken nurses and endeavouring to extinguish the flames with Higginson's syringes, while a perspiring horde of firemen destroy the Warden's House to make room for the negotiation of modern fire engines into the Park.

NOTICE

GUY'S HOSPITAL SOCIETY OF SOUTH WALES AND MONMOUTHSHIRE

The sixth annual dinner meeting will be held at the Park Hotel, Cardiff, at 7 p.m., on Saturday, 9th March. Mr. N. L. Eckhoff, M.S., F.R.C.S.(Eng.), will be the guest of the evening. All Guy's medical and dental graduates are cordially invited to attend. Reservations should be sent to the Joint Honorary Secretaries :

G. Morwent Brown, 4, Plymouth Road, Penarth.

L. Rendell-Baker, Department of Anaesthetics, Royal Infirmary, Cardiff.

OBITUARY

ERIC LEONARD MONKHOUSE, M.R.C.S., L.R.C.P.

We record with deep regret the death of Dr. E. L. Monkhouse at his home in Kenya at the age of 54. He was the son of E. W. Monkhouse, *M.V.O.*, M.I.C.E., and came from Dulwich College to Guy's where he qualified in 1932. He won his blue for fencing and became an international performer and an Olympic Trials Judge in this sport. For many years he was a member of the Inns of Court Fencing Club. For 13 years he worked in Essex and after the War went with his family to Kenya where he rapidly endeared himself to a large circle of friends and patients. He took a great part in the affairs of the Trans Nzioa district and was Divisional Surgeon for the St. Johns Ambulance Brigade. He also served on the Municipal Board of Kitale and was a keen fly fisherman. In 1945-1946 he was Master of a Masonic Lodge. He leaves a widow and two sons to whom we offer our sympathy.

WALTER BARRETT

We record with the deepest of regret the death of Walter Barrett. This announcement will mean very little to the vast majority of *Gazette* subscribers, but when we go into further detail and say that this was the real name of " Jimmy Green ", the Guy's electrician, many will share our regret at his passing. "Jimmy" had worked at Guy's since July, 1909, with the exception of the First War when he served in the Royal Flying Corps. He thus had nearly 48 years of service to the Hospital. As several generations of sisters and housemen will maintain " Jimmy's " service has been loyal indeed. He was always willing and friendly and would take endless pains with recalcitrant auriscopes and ophthalmoscopes and would always come over and fix an erring bulb or electric fire. He will be greatly missed and we would express our deep sympathy to his family. " Jimmy " died in Guy's which he loved so well within a few days of being at work around the Hospital.

PRESENTATION TO LORD CUNLIFFE

This Silver Rose Bowl was presented to Lord Cunliffe on 21st February by the Staff and Governors to mark his 21 years as Chairman of the old Court of Governors and, since 1948 of the Board of Governors.

SMOLLETT'S CONTRIBUTION TO MEDICINE

By HUGH BARBER, M.D., F.R.C.P.,
(Physician Emeritus, Derbyshire Royal Infirmary)

IT IS not wise to be emphatic in recommending a book. It was an Irishman who, after some promised treat, remarked that it had not come up to his expectations and sure he never thought it would. I am prepared, however, to claim that every member of the medical profession ought to read *The Expedition of Humphrey Clinker*. Of Smollett's other novels one may say, that, in these busy days, the time consumed in reading them might be out of proportion to the rewards. Apart from a few details of the author's life, the notes which follow are gleaned from the novels.

His Life and Background

Tobias Smollett was born in Dumbarton in 1721. He was educated at the local Grammar School and then at Glasgow University; which in those days he would enter at an age when a boy would now be going to a public school. As fellow students there were Cullen and William Hunter. He was apprenticed to a doctor in Glasgow but in 1739 moved to London, where he was soon appointed surgeon's-mate to one of His Majesty's Ships on the expedition to the West Indies.

On his return he practised his profession in London for thirteen years; making several visits to Bath. For the last eighteen years of his life he devoted himself entirely to writing. Unlike his contemporary novelists, Richardson and Fielding, his only source of income was from his literary efforts. He died at the comparatively early age of fifty-one.

His years of activity were in the middle of the eighteenth century. In 1752 he wrote an essay on mineral waters, in which he was critical of the unhygienic customs at Bath. His most distinguished medical contemporaries were Mead and Fothergill of the physicians and Percival Pott, John and William Hunter of the surgeons.

As he was interested in Spa treatment, we may note that Richard Russell ("Sea-water Russell") in 1750 published his famous treatise on the use of sea-water, internally and externally; which set the fashion for the seaside holiday, drawing custom away from the Spas. It was a gradual change, however, on account of inadequate means of transport or suitable accommodation.

The profession at this time was divided into Physicians, Surgeons and Apothecaries. Of the last-named there was no control and anyone could set up in general practice before the Apothecaries Act of 1915.

His Criticism of the Medical Profession

His first novel, *Roderick Random*, was written in the spirit of reform. It is based on his own experience in the Navy. The account of Roderick's examination at Surgeon's Hall, for the post of surgeon's-mate, illustrates the very trivial knowledge and experience required. Probably the examiners themselves did not take the ordeal very seriously, because one of them put the question—"If during an engagement at sea, a man should be brought to you with his head shot off, how would you behave?" The reply was worthy of full marks, because Roderick said that he had not met with such a case.

The crude surgery described in the naval expedition and the epidemic diseases, of which yellow fever appears to have been one, are of interest. But, from the point of view of reform, the most illuminating passages relate to sick-parades in which the captain and a brutal intoxicated surgeon treat every man, however ill, as if he were a malingerer.

In *The Adventures of Count Fathom* there is the career of a scamp, who sets up as an apothecary when other schemes have failed. At the Bristol Spring, "the reproach of barrenness was more than once removed by the vigour of his endeavours". At Tunbridge he was successful for a time, but eventually his behaviour was so scandalous that public opinion ended his career, as certainly as would have a General Medical Council. This, like Roderick Random's adventures, is clearly legitimate criticism and may indeed have encouraged the coming of the Apothecary's Act in 1815.

If this be true, however, Smollett's description of medical colleagues in general may be in rather poor taste. Of the physicians in Bath he says that the city is a hot-bed of scandal and the physicians the biggest scandalmongers. He also likens them "to ravens hovering over a carcass".

Dr. Oliver who helped to found the hospital at Bath, whose name still lives on a biscuit, came before Smollett's time and Dr. Parry, who was the first to describe the clinical picture of exophthalmic goitre, came after. It is likely that some good medical work was being carried out in the city of which the novelist knew little, or out of which he could not make capital for his novels.

In London he states there are a few at the summit ("no longer obliged to cultivate those arts by which they rose"). For the remainder, they are formed into rings in which they toss the ball from one to another. The author suggests that perhaps "a fine lady fatigued with idleness" is too exacting with her favourite maid. So the latter brings in a nurse ("at whose house she hath oft given rendezvous to a male friend"), the nurse recommends an apothecary, who will select a physician, who chooses a surgeon to perform venesection.

This kind of writing is rather cheap and tends to come from less successful members of a profession. It is not a genuine plea for reform, but rather a question of selling to the public ideas and suggestions, many of which could not be justified in a meeting of colleagues. It has been done occasionally since Smollett's day, either in a novel or in some other way; and perhaps need not be taken too seriously. The author, no doubt was unpopular in Bath, but in spite of his quarrelsome temperament he retained the friendship of men like John and William Hunter; and outside the profession Garrick and Goldsmith, both of whom visited him when he was imprisoned for libel.

His Medical Knowledge

One of Smollett's characters, who was suggesting that Bath was not a very healthy holiday resort on account of the number of invalids present, adds the comment—"even consumption is highly infectious". Seven hundred years before his time, this had been taught by the Arabian physician Avicenna. But as late as 1884 (two years after the tubercle bacillus was described) it was not a belief universally held by the profession.

There was a movement, in the latter part of the nineteenth century for Collective Investigation, initiated by Dr. Mahomed of Guy's. Societies were formed in many areas through the British Medical Association, and in 1884 there was an International Meeting at Copenhagen, with Sir William Gull in the chair. One of the subjects for investigation was the infectivity of phthisis; in answer to which 261 doctors reported that this had come within their personal experience; but as many as 105 were against the belief, giving reasons and arguments to support their scepticism. The author of *Humphrey Clinker* is entitled to credit for his opinion a hundred and twenty years or so before this meeting.

In the eighteenth century there was a firm belief in the therapeutic efficacy of Spa waters. In some cases they were bottled and dispatched to a patient so that the necessity of a journey might be avoided. The best doctors, no doubt, realised that the change of scene and company provided at the Spa were important. Smollett by nature would tend to be sceptical; and indeed there is always a temptation towards therapeutic scepticism in members of the profession who have not the responsibility of actually treating patients.

The opinion was held by the profession, and perhaps more firmly by the public, that a course of Spa treatment might relieve sterility in women. One can imagine that our author would be a little cynical about this. In *Peregrine Pickle* we hear of a young friend of his staying at Bath, who had considerable success with the ladies and we read: "he was thought to have co-operated with the waters in removing the sterility of certain ladies who had long undergone the reproach of their husbands." Perhaps this may be regarded as a case of justifiable de-bunking of a fallacy; although a little crude. And yet, it might well be within the scope of scientific medicine that

a holiday change of scene would bring about the desired result for a loyal married couple anxious to have a child.

Although it is probable that Smollett was not particularly successful as a doctor, he understood the importance of the influence of the mind over the body. His best character, Matthew Bramble, wrote in a letter, "I find my spirits and my health affect each other reciprocally—everything that discomposes my mind produces a corresponding disorder in my body". In the twentieth century medicine has become so highly complex and specialised that a new portmanteau label—psychosomatic—has been coined. Mr. Bramble's words remind us that it is just a new name for an essential conception, which good doctors all down the ages have understood. But it may be lost sight of sometimes, if scientific advancement outstrips the study of human nature.

Novelist Illnesses

When a fictional character is overtaken by a calamity it has been a convention of the older novelists that we read of "brain fever", or if less acute of "a decline". Smollett for this type of episode, in either sex, substitutes a period of unconsciousness lasting several days. It is a healthy tradition by way of emphasising the disaster. As the first medical novelist, however (unless we go back to Rabelais), it is interesting to read about some of the illnesses he described.

Several of his invalids suffer from dropsy, and one old sailor in a letter about the illness of his wife writes: "they have scuttled her lower deck and let out six gallons of water". The case, however, puzzled the husband because he added that "it was a liquor she never took in".

As we should expect, we hear of gout; and in one patient that "gout, for the first time, had taken possession of his stomach". Of another character he writes: "the scars of smallpox add a peculiar manliness to his countenance".

One old patient, an admiral, knowing he will not recover and tired of medicines —"did not want an apothecaries shop in his hold". When discussing his funeral he said they must "keep a good look out that none of your pilfering rascallions may come and heave me up again". Which reminds us that the demand for anatomical subjects for dissection was growing rapidly in the eighteenth century, and the so-called Resurrection men were on the lookout for graves in lonely places.

His Knowledge of Human Nature

In some of the novels there is a tendency to force adventures to sustain the interest. Other novelists have been more successful in sustaining interest with less dramatic attempt. Many no doubt in the portrayal of human nature have excelled Smollett; but he depicts one first-class character in the form of Mr. Matthew Bramble in *The Expedition of Humphrey Clinker*. He is a kindly responsible man of property but has some odd crotchets which confirm my own view that human nature is too complex to be lightly fitted into psychological labels. A bachelor on principle, he regards matrimony as one of the weaknesses of human nature. He did not like the name of Matthew. Sir Samuel Wilks of Guy's was similarly concerned. Of his name, he said only three had risen above it—The Prophet, The Lexicographer and Mr. Weller, Junior. One can imagine that Smollett may have thought his own god-parents might have improved on Tobias. I think one could have consoled Sir Samuel Wilks. To be sensitive about a name may be unreasonable; it is all rather nonsense; but that is why it is true to human nature.

Matthew Bramble, to his doctor, described his unmarried sister as "that fantastical animal". That he knew he was a bit of a crank is illustrated by his statement: "my opinion of mankind, like mercury in the thermometer, rises and falls according to the variations of the weather". Quite an interesting old codger, who may take his place amongst immortals, perhaps somewhere near Mr. Weller, Senior.

Conclusions

From the novels we learn bits of history; for example, that boys went to the University at an earlier age than now. We gather that between fifty and sixty years of age people were more elderly in demeanour than are we ourselves. We meet the world of Spa Society in the days when it was the chief change of scene. Mr. Bramble said a change of company was as important as a change of air. There are odd bits of medical knowledge which are of interest. We find self-styled apothecaries before the Act of 1815 and a hint about body snatching before the Anatomy Act of 1832.

It is my conviction that the best doctors are those who humbly study fallible human nature of which they themselves are part. The characters in the epistolary

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Doctors, too, enjoy writing verses about Guinness. The above contained in a letter addressed to Guinness by one of them is published by kind permission.

GE.2819.B

A Chance for Child-lovers

The geneticists, those unfortunate students of heredity, are agitated by the way families in this century have shrunk in size. If any race—whether of men or of animals—is to thrive, and maintain a good stock, they say, there must be plenty of them about, so that the genes have plenty of opportunities for reshuffle. The genes are those mysterious bits of nuclear protoplasm by which hereditary characteristics are handed down from generation to generation; and of course every child gets half his genes from his father and half from his mother.

Well, the geneticists say, there must be plenty of cards in the pack if shuffling and re-dealing is to produce interesting and refreshing combinations. The smaller the pack the smaller the variety of hands you can deal.

But the hereditary pack, confound it, doesn't even remain constant. The genes in every generation show . . .

Would you like to hear more? Unfortunately, space will not permit reproduction of the whole of this entertaining and informative essay, as it appeared in The Times. *It is one of a collection of delightful medical musings—all from the same wise and witty pen. If you would like a copy of "The Prosings of Podalirius" just send us a card at the address below.*

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novel *The Expedition of Humphrey Clinker*, who express their personality in the letters they write, are true enough to life to be instructive.

Charles Lamb wrote: "much depends upon when and where you read a book"; which I think is true. And of course I am not unmindful of the fact that you may have met with Mr. Bramble and his fellow travellers at some favourable time.

If not, however, *The Expedition of Humphrey Clinker* is a volume of no great length. It can be purchased for a few shillings, in an edition small enough to go in a haversack, and so could travel with you.

When Lydia Languish, in Sheridan's play, is surprised by visitors about to come into her dressing room, she tells her maid to "fling *Peregrine Pickle* under the toilet" and to give her a copy of *Lord Chesterfield's Letters*. This, I think, was discreet. But *Humphrey Clinker* conforms more nearly to the standard set by a Victorian reviewer of a certain lady novelist, "whose works can, with perfect propriety, be left open on the drawing-room table". This last item should be understood before I conclude by saying that I think, if you do not put them too high, the book will come up to your expectations.

PLAY THERAPY IN A PSYCHOTIC WARD

By MARY RESTELL, B.A., Hons.(LOND.), S.R.N.,

Student Mental Nurse, St. James' Hospital for Mental and Nervous Diseases, Portsmouth

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AT St. James' Hospital for Mental and Nervous Diseases most of the 51 patients in the female disturbed ward are engaged during the day in handicrafts or in domestic work within the hospital. In the evening they take part in social activities such as dances and whist drives, and attend film shows and concerts given in the Entertainments Hall. Some play table-tennis in the ward, and they will soon be learning country-dancing. On Saturday afternoons a nurse takes a few selected patients to the nearby shops. These patients benefit from their contact with people outside the hospital, but being in a group, they saunter along slowly, and get little exercise. All the patients spend at least a few hours each week in the fresh air.

First Attempts.

Recently the medical officer and sister in charge of the women's disturbed ward thought their patients might learn to enjoy organised ball-games while in the courtyard. Two netballs were given to the ward, and patients were encouraged to make use of them. At first the patients stood roughly in a circle, and threw the ball to the nurses, and to one another. Many of the patients, probably seeking attention, threw the ball to a nurse, rather than to the other patients. The fact that a good relationship already existed between them and the nurses in regard to ordinary ward routine of toilet, meals and medicines, also helped to determine their preference for playing with the nurses. Gradually most of them have realised that throwing to one another provides just as much fun.

The men's occupational therapy department kindly made two movable netball-posts, and goal-shooting practice became quite popular. The most alert patients were taught to run and jump for the ball, and to throw it overhand, passing quickly from one to the other.

One afternoon an attempt was made to play a modified game of netball. Eight people were divided into two teams, and the only rule was that each team should shoot into its own goal. Chaos ensued. The teams were reduced to two a side, retaining the most intelligent patients. They quickly grasped the idea, and in the evening another game was played, with a third person on each side. These new-

comers to the organized game soon understood what the others were doing, and joined in.

Gradually the teams were built up to five or six a side, usually with the sister and a nurse playing. In all mental hospital activities, from housework to entertainments, patients and nurses should share alike, otherwise patients feel that they are being *made* to do something—like being sent to Sunday school by parents who never go to church themselves.

Shaping the Game.

The standard of play improved steadily, and a few simple rules were introduced. Even these were not rigidly maintained but they helped to shape the game. After about a fortnight's play they could be summarized thus:

1. Two teams of any number.

2. No fixed positions, but two patients always act as centres, between whom the ball is bounced at the beginning of each game.

3. Any player may shoot.

4. Running with the ball, instead of throwing it, entitles the other side to a free throw.

5. "Rough play" (occurring very seldom) also gives a free throw to the other side.

6. If a player throws the ball out of court, any player in the opposing team throws in.

An excessive number of goals was being scored—a total of about 35 in an hour—so the goal-posts have been moved further apart. Excellent shooting and rather poor defence still keep the scores high, but perhaps this is good, for the patients' interest is more easily maintained, and many of the patients are encouraged by having a number of goals to their credit.

The outstanding player is a middle-aged hypomanic who learned basketball in her youth. She thoroughly enjoys the game, but finds difficulty in accepting the modified rules imposed by the general level of intelligence. A high-grade mental defective, who was hallucinated on admission to the hospital, is the second-best player. Another mental defective, admitted with a schizophrenic illness, is potentially good, but she is irascible and unreliable. She tends to stand at the edge of the court, and is surprised and offended when the others do not throw her the ball. She then walks off the court and sulks. Slowly a little team spirit is being instilled into her.

A withdrawn, sullen, and almost mute schizophrenic of 25 years was at first a liability to her team. Then she realized that if she threw the ball to a certain patient (the hypomanic mentioned above) she met with general approval, and now she throws to others in her team as well. Before throwing to her it is usually necessary to call her by name, in order to attract her attention. The attitude shown towards her by the other patients is one of surprising tolerance.

Several epileptics, whose fits are almost entirely avoided by the use of anticonvulsant drugs, play quite well. One severe epileptic, whose tension is released by twice-weekly electro-convulsive therapy, is an almost infallible shooter. Her powers of comprehension, attention and memory are poor, and she has a tendency to shoot whenever she can lay hands on the ball. For instance, when a goal has been scored, she will catch the ball as it drops through the net, and shoot again. She is a languid, thin girl, and it is hoped that the exercise will increase her appetite and give her a little zest.

Exercise and Mental Stimulus.

Indeed, it is believed that all the patients are benefiting from the physical exercise in the fresh air, and from the mental stimulus afforded by the need for concentration and for swift adaptation of their movements to the requirements of the minute. Morally and socially they already show improvement. It is thrilling to see them working to a common end; to hear them talking together; to watch them smiling at one another.

(I wish to thank Sister V. Wakeham for her help and encouragement, and Dr. W. Liddell Milligan, physician superintendent, Miss P. Loe, matron, and Dr. C. Donovan, for permission to publish this account.)

THE UNITED HOSPITALS HARE & HOUNDS

By D. J. LYON

In the years before World War II, the Secretary prepared some notes on the History of this old Hospital Club, with a view to producing some record to celebrate fiftieth anniversary of its foundation. Recently the writer discovered these notes again, and has compiled a brief record in the hope that it will revive some pleasant memories for the past members of the Club and be of some general interest.

Although all the Hospitals have contributed to the Club, Guy's men have played the largest part so that this is the proper journal for publication.*

It is hoped, too, that more interest may be aroused for a sport most worthy of it and most suitable to the life of the medical student.

It may be thought that cross-country running is a grim sport only undertaken by athletes of outstanding ability or those with a masochistic strain in their nature. This is not the case. Anyone with sound heart and lungs has always been welcome and can derive much physical well being from the sport and find there is time for conviviality too. " They were accompanied in their songs by Mr. Lemon at the piano ", wrote the enthusiastic reporter of the *Sporting Life*, who had been invited to the Smoking Concert held after the first run in 1887. The tradition and the songs survived, at least, until recent times and, no doubt still persist.

On Thursday, 9th December, 1886, a meeting was held at "The King's Head", Roehampton, and on the following day a report appeared in the *Sporting Life* :—

" A new Cross Country Club was inaugurated this week by the Medicals.

It has commenced in a most promising manner as over 120 members have given in their names already which includes representatives from all the hospitals except Westminster and Middlesex.

The first run took place in Thursday afternoon at Roehampton, the Thames Hare & Hounds having very kindly given their latest offspring a helping hand by granting them the free use of their dressing room at the King's Head. Twenty-three stripped for the run. No trail was laid but a quiet trot was participated in of 5 miles to get the men into form. As a very good number seemed to be on good terms with the plough, Maynard (St. Thomas's) went on in front with a fast pack at a smart pace, more than half the field keeping up all the way. Several showed very promising form and no doubt very soon the new club will make a name for itself ".

It was at this meeting that the uniform of a "skull and crossed femurs " in white on a black vest was adopted. A number of rules were drawn up and one interesting bye-law reads " in short runs the Hares shall have 10 minutes law, in long runs 15 or 20 minutes ". In fact paperchases were rare events and the elaborate organisation of the hunt as described by Hughes in " Tom Brown's School-days " had already given place to straight racing from point to point following a laid trail.

The association of the Hospitals with Thames Hare & Hounds has already been mentioned. This club was the first, founded in 1870, and still meets at Roehampton, where a loft above the stables still acts as a changing room and until recently, at any rate, ablutions were performed in hip baths, a salutary reminder of the spartan days before modern plumbing.

In January, 1887, the first inter-club match was held against Hampton Court Hare & Hounds and resulted in a creditable victory for the Hospitals.

The friendly reporter excelled himself so that his account is interesting as a contrast to the modern style of journalism, in its leisurely approach :—

HAMPTON COURT

Hampton Court Hare & Hounds and United Hospitals' Hare & Hounds combined run.

"Although the home club has not of late asserted itself quite so powerfully as of old, it is not for want of men of athletic powers. Racing is not always the most important feature of their reunions. For really enjoyable runs the country

*Between 1887 and 1939, the " Kent Hughes " cup has been won by Guy's on 23 occasions.

of the " courtiers " cannot be surpassed, the rural charms surrounding Molesey giving additional enjoyment to a health giving spin with that pack. The " Old Bell ", where their pennant floats has by reason of the severe weather recently been almost deserted by the members, skating and other pastimes having prior claim on them, so that very few of them were in form on Saturday. But despite all drawbacks a large number mustered to entertain visitors—the United Hospitals' Hare & Hounds, drawn from a cource so prolific of athletes it is not to be wondered at that the Medicals can make quite a bold show over the country, and many of their number have during the present season figured to advantage in open and other contests. Thus, matters favoured them somewhat in an inter-club run with the home division and notwithstanding their imperfect knowledge of the Hampton Court course, they scored a victory.

This, however, did not carry with it anything in the way of prizes, honour only being the reward and the win was much discounted by the fact that one of the shining lights of the Hampton Court Club—A. W. Maynard—was allowed to run in the interests of the aesculapians, who really had but second claim to his services. Had he taken his place in the other ranks, the verdict would have been reversed ; but as it was the Hospital won by three points the arrangement being that the leading trio of each club only should count. The going was rather heavy but better than expected. In all 24 took part in the run, equally divided between the two clubs, but several elected to go independently and formed a slow pack to precede the racing division.

The pack started off at a fast pace, Orlebar showing the way for a couple of hundred yards, when H. C. Schlotel, Kent Hughes, Brewerton went on in the order named until Taylor's field was reached (one mile). Here H. C. Schlotel drew away and Maynard took second position, leaving the remainder in the rear, a close race home taking place between them. Orlebar improved his position rapidly when on the final piece of road and by passing Hugo and Johnstone saved his club from a crushing defeat. After tea a smoking concert was held at which a large number assisted, Mr. J. D. Sadler, the veteran, taking the chair."

There were two further matches, one with Oxford University Hare & Hounds, the other with Thames Hare & Hounds. The season ended with the first inter-hospital race. A cup was presented by the founder and the first captain of the club, Kent-Hughes (Bart.'s), Bart.'s won this first race and the individual winner was H. Napier-Jones (Mary's).

The following season there was another interesting race with Hampton Court which finished in darkness and most of the competitors ditching in a brook. One of the greatest runners of all time took part in this race. This was W. G. George who as early as 1886 ran the mile in 4 mins. 12 secs., which time was not beaten in this country until 1934 by J. E. Lovelock (Oxford & Mary's).

It was not until 1891 that Guy's began to take a prominent part when one of the greatest Hospital athletes came from New College, Oxford, to win the Kent-Hughes individual title which he retained for six seasons, a feat equalled later by another Guy's runner A. E. J. Etheridge. H. A. Munro won a great many titles, including the English A.A.A. 4 miles championship and established many records, beating nearly all the best runners of his day. Running for the hospitals against his old university, he so out-distanced the field over the renowned "shotover" course that he soon disappeared over the horizon and as the *Sunday Times* put it "though lost to sight he was to memory dear", The following week he smashed the 5 mile course record at Chingford (now the headquarters of the club), beating E. H. Flack of Thames Hare & Hounds an Australian who, representing England, had the distinction of winning both the 800 and 1,500 metres in the first of the modern Olympic Games staged at Athens in 1896.

In the Kent-Hughes at Chingford, Munro won by a margin of over 5 mins., again beating the course records for 5 and 10 miles. He continued to take an interest in and officiate for the Club until world war II, and gave great encouragement to all who had anything to do with the club. A truly great sportsman. Guy's held the cup from 1892-1900.

The season 1897 brought another fine runner to Guy's from Oxford in F. E. Freemantle who also edited the *Gazette*, with distinction, and later became prominent as the Member of Parliament for Hatfield. As Sir Francis Freemantle he was chairman of the medical committee in the House for many years. In 1898-99 he was the individual winner of the "Kent-Hughes" and possibly on other occasions of which there is no record.

In 1901 the first match against Trinity College Dublin was held in Dublin.

The teams were driven out to Dundrum, 4 miles from the City in a brake, and completed 4 laps of 1½ miles each.

The University Hospital Hare & Hounds had the first four men who romped home and won by 12 points to 25.

Guy's regained the inter-hospital cup in 1903 at Blackheath, with E. L. Pilbean (Guy's) the winner and T. E. Ashdown-Carr (Guy's) runner up.

For the season 1904-5 Dr. H. A. Munro was elected President for the first time and the club's fortunes which had waned now began to improve with more support, so that against Balckheath Harriers two teams were fielded and a slow slow pack sent out on the same day.

The race against Dublin was lost and it is ambiguously recorded that "most of our men had recovered sufficiently to return on Monday".

A. L. Candler (Bart's.) and G. C. Birt (Charing Cross) were keen rivals at this time and led the team to many victories, Thames Hare & Hounds being among the victims.

A dinner was held at "The Oxford", Wardour Street, this being the first recorded. "The meeting was decided hilarious and was unfortunately broken up rather early by the Manager."

In 1905 the defeat by Dublin was avenged and it proved one of the most successful in the Club's history. It was not until 1909 that Guy's regained the "Kent-Hughes" cup with W. Kelsey Fry (Guy's) the individual winner. The following season J. R. Barrow-Clough (Guy's) in his first season beat A. P. L. Johnson (Guy's) for the title, regaining the title from Kelsey Fry in 1911, and W. M. Kay (Guy's) in 1912, but Kelsey Fry reversed the order in 1913, regaining the title after 4 years. He also had many fine victories in club matches, the two Guy's men being keen rivals. For his services in the field of Dental and Maxillo-Facial surgery he was Knighted after the last war.

There is a report at this time of a race "over a course originally of 5 miles but two active members took the lead and extended it to 7 ". There is no further comment.

In the first world war the Club apparently lapsed completely until 1920 when an attempt was made to reform it but only three men turned up.

Dr. Munro, Kelsey Fry and L. G. Housden, were the leading lights in this revival. The last named in particular was responsible for attracting men to the sport at a time when it must have been particularly difficult with so many ex-service students at the hospitals.

Housden was elected Captain and won the only race of the season against South London Harriers.

The following year the "Kent-Hughes race produced a field of over 30, six hospitals being represented. Housden was beaten by a fine runner in R. C. Lightwood (King's), but Guy's won the cup from King's by one point.

L. G. Housden deserves special mention not only for his organizing ability but for his versatility. He was a good performer at any distance over 1 mile but he is certainly the only Hospital runner to have gained international honours for the Marathon. He represented Great Britain in the Marathon in the Olympic Games held in Antwerp, in 1920. Running and training to run twenty-six miles, the classical Marathon distance, might be considered a sufficient occupation for any man, but Housden also found time to edit the *Gazette*.

Guy's continued to win the cup for the next four years, Lightwood defeating M. E. J. Jago (Guy's) in 1922 and '24, and J. G. S. Thomas (Guy's) in 1923. J. G. S. Thomas was an outstanding performer in the boxing ring also.

Jago won the title in 1925, but Lightwood was again the winner the following season. From 1928 until 1934, St. Thomas's (led by H. B. C. Sandiford), and Bart's., predominated in the affairs of the club. Sandiford won the "Kent-Hughes" four times.

During this period a secretary reported "the Annual General Meeting was held in a third class smoking compartment on the Southern railway. The meeting started at Hayes and broke up at New Cross. Dr. Munro was in the chair, but only just, as there were six others on his side. He called on the secretary to read the last minutes, the secretary rose to do so and promptly lost his seat". Propriety however, prevented this report from being given.

In 1928-29, strong Hospital teams defeated one of the leading Southern clubs, Blackheath Harriers, and the pre-war fixture with Trinity College Dublin, was revived with an overwhwlming victory for the Hospitals.

In 1930 the Club Headquarters had to be moved from Hayes, owing to trouble with farmers, to Richmond, this led to the following unfortunate occurences.

United Hospitals' Hare and Hounds v. University College.

Owing to some mistake on the part of the overworked secretary, University College found their way to Hayes, while United Hodpitals' went to Richmond. There was no race.

A fine victory over Oxford was led by Sandiford who beat Alberry, their Captain. After so many years as President, Dr. Munro retired, and at the Annual Dinner was presented with a silver cigarette case in token of the esteem in which he was held by past and present members.

In 1931, there were victories over the Metropolitan Police and Cambridge, both long standing annual fixtures. The match with Blackheath was lost and the sixth man home was a young runner S. C. Wooderson, later to break world records at 1 mile and ½ mile, and 800 metres, whose dynamic finishing bursts and duels with J. E. Lovelock did much to popularise athletics. The season 1932-3 is memorable for a race at Cambridge against the University run in very bad conditions. "An icy wind blew across the Fens and snow lay thick on the ground. The secretary went through the ice on a frozen river and finished last with the captain—last that is of those who finished, for many were lost altogether and may be running yet".

This season the club fortunes fell very low and it was not until 1935 that support was sufficient for the club to prosper again.

In 1934, A. E. J. Etheridge came to Guy's with an outstanding school athletic record. In his first season he defeated the holder, P. M. Smythe (London) for the "Kent-Hughes" title which he retained every year until 1939. Unfortunately J. E. Lovelock who was at St. Mary's never competed but Etheridge held off a strong challenge from A. C. Franks (St. Thomas's), who had consistently beaten him in the 1937 season.

He is the only Hospital runner to have gained International colours over the country. Also in 1939 he was the leading Steeplechase runner on the track in England finishing second to the Belgian holder of the world record in the Championships. But for the outbreak of war, he would have probably have competed in the Olympic games which should have taken place the following year.

Under his captaincy the Club went from strength to strength each season, with a great many fixtures and ever increasing support. A match with Edinburgh University was instituted to take the place of the Dublin fixture and proved most successful. The seasons 1938-9, produced some excellent victories over Oxford, Cambridge, Metropolitan Police, Blackheath Harriers, so that the club had seldom been more prosperous.

The outbreak of war brought this happy state of affairs to an end, but a war committee presided over by Dr. H. B. C. Sandiford carried on the affairs of the club in a restricted way.

Unfortunately the writer has had no opportunity of examining the club records since then, although it is believed that another illustrious name has been added to the list of "Kent-Hughes" winners. This is Roger Bannister (St. Mary's) whose claim to fame will long rest on his achievement in being the first man to break the 4 minute barrier for 1 mile.

This is the Club's 70th season and it is hoped that, having survived so many vicissitudes, it will continue to prosper.

A WAIL FROM COS

Weep, Hippocrates, frustrated tears
For several thousand wasted years,
The ethics that you taught were such,
That money didn't matter very much.

T.C.

GUY'S HOSPITAL DEBATING SOCIETY

The Society's first debate of the term was held on Friday, 1st February, 1957, in the Quiet Games Room of the Students' Club. The motion before the House was : " This House considers that our educational system is too heavily biased in favour of arts subjects." The Society was honoured in having as its guest speakers two distinguished retired Guy's consultants—Mr. T. B. Layton and Dr. H. St.H. Vertue. The president, Mr. J-P. Voos, was in the chair.

The motion was proposed by Mr. Robert Cook, who gave a witty speech advocating a Brave New World inhabited by a race of scientists, whom he suggested should be known as " Trogs." Miss Margaret Oxburgh, who opposed the motion, after sympathising with the honourable proposer over the impossibility of proposing such a motion, went on to stress the importance of the arts subjects in education. Mr. T. B. Layton spoke third in favour of the motion. In a lucid speech he said that he did not suggest that science should encroach further than it already has on the time devoted to studying the arts ; at the same time he felt that the amount of scientific education given at the present time was necessary to enable the lay man and woman to make adequate and intelligent use of the scientific devices and theories that surround them today. Dr. H. St.H. Vertue, speaking fourth against the motion, gave us the benefit of his vast classical knowledge by delivering a fluent speech in the form of a Platonic dialogue between himself and Eryximachus, in which he showed that the arts led to a knowledge and love of Truth and Beauty, and ended with the encouraging conclusion that the art of the physician was the most satisfying of them all.

After such eloquence from the floor the response from the House was disappointing, and after a few rather uninspired contributions Mr. Ian Christie, was called upon to sum up for the Noes. He said that after such comprehensive and excellent speeches from the two speakers for the opposition the defeat of the motion was a foregone conclusion, and that he therefore had nothing to add. Mr. M. H. Craft, secretary of the Society, in summing up for the Ayes emphasised the importance of increasing the scope of our scientific and technical education if Britain was to retain her international status in a world where science was playing an increasingly important part.

The motion was then put to the vote and defeated by 22 votes to 15, in a house where the attendance was discouragingly small after the well-attended debates of last term. Possibly the change of meeting place from the Anatomy Theatre to the less familiar but more congenial surroundings of the Students' Club was a contributing factor, but it is to be hoped that support for future debates will return to its former standards.

The annual Inter-Varsity Night Debate was held in the Anatomy Theatre, on Friday, 15th February, 1957. The motion before the house was : " If virtue be its own reward it is not enough for us ". On moving the house to public business, the President of the Society, Mr. Jean-Pierre Voos, called upon Mr. Ian Christie to take the chair for the duration of the meeting.

Mr. Voos, proposing the motion, after discussing the relative merits of various opening gambits, said that the three supernatural and four Platonic virtues seemed to offer less reward than the seven deadly sins. The motion was opposed by Mr. John Spellman, President for Debates S.O.A.S., and former President for Debates, Boston University. His almost evangelical approach was in strong contrast to the laconic speech of the Hon. Proposer. He felt that the reward for virtuous acts lay in the acts themselves, and not in any other gain that might be forthcoming. Mr. G. Wittenberg, of the Oxford Union Society, speaking third, delivered an excellent and witty speech in favour of the motion. He said that virtue was a skilled job, and deserved similar wage increases to those demanded by the working man. Mr. Noel Marshall, President of the Union Society, Cambridge, who spoke fourth against the motion, started at a disadvantage as he arrived under the impression that he was to speak on the other side of the house. His main argument, which tended to get rather lost in a sea of amusing but irrelevant anecdotes, was that virtue provided its own reward in the sense of superior satisfaction which it produced. Miss Jean Steadman, Treasurer of the Debating Society, gave an admirably concise speech in favour of the motion. Mr. John Barker, Secretary of the Students' Union, faced with the task of speaking sixth against the motion proved himself to be an amusing and accomplished speaker.

Speeches from the house were not confined to members of the Hospital, and

showed a lively interest in the debate. After a brief summing up by the Hon. Proposer and Hon. Opposer, the motion was put to the vote and defeated by acclamation.

TWO VALENTINES

By RAYMOND A. PUTT

To the lovely Nurses of William Gull Ward on Valentine's Day, 14th February, 1957.

Oh what should ail me in thine arms ?
Why am I so palely languishing ?
'Tis that thy clinical embrace and pulséd grasp,
Don't mean a thing !
Renounce thy cloistered life for just a day,
Forego thy ethered touch and bring to thine
Embrace the warmth unknown to Fahrenheit
And hold me tight my lovely Valentine.

(*With apologies to an old Guy's man*)

To my most attentive and forbearing dieticians.

Constant and true, with math'matical precision
Are the culinary products of my faithful dietician.
Laissez donc, mon chou, les affaires de la cuisine,
Et sois mon plat du jour, en effet, ma Valentine.

ART SOCIETY

On 7th February, Mr. David Lewis gave a talk to the Art Society on " Some aspects of modern art ". The meeting was well attended as usual by members from all parts of the Hospital. Mr. Lewis confined himself in his talk to considering certain aspects of modern non-representational art ; this rather narrow selection was well justified by the full treatment given to the field covered. Particularly interesting was a series of slides illustrating the development of Mondrian, ending with an example of the application of his ideas to architecture. Mr. Lewis contrasted the intellectual analytical approach of Mondrian to vision and representation with the more sensual approach of Nicholson, both, in spite of his achieving results similarly satisfying artistically. Some of those who attended the lecture found Mr. Lewis' talk rather strong meat, but the majority were flattered to find that he is no way treated them (artistically speaking) as a lay audience.

CORRESPONDENCE

Letters to the Editor of the Gazette

Martha Jane

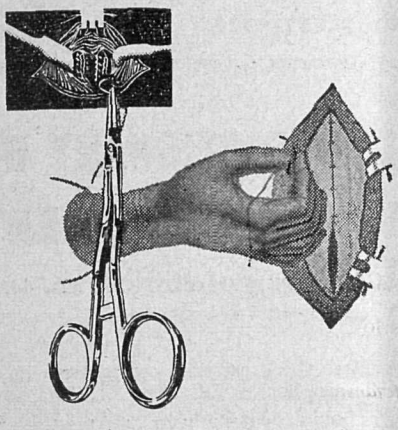
From Sir John Conybeare

SIR,—You are mistaken in thinking that the Martha Jane Restaurant was in the present *Gazette* Office. In 1924 the House Committee let the first floor rooms of 16, St. Thomas's Street, to a lady at a rent of £100 per annum for use as a restaurant. The entrance from the road was that which leads into the *Gazette* Office, but the staircase which led to Martha Jane is now boarded up.

In 1927 the proprietor of Martha Jane applied to renew her tenancy for three years. This request was refused by the House Committee, who would not agree to more than an annual tenancy. I am not certain how long Martha Jane continued to function after 1927 but when Mr. Gibberd took over the first floor flat in 14, St Thomas's Street, an entrance was made from his flat into Martha Jane and what had been the restaurant became the nursery.

During the war and for some time afterwards the whole of the first and second floor flats in 14, St. Thomas's Street, including the late Martha Jane rooms in No. 16, St. Thomas's Street, were let as offices. Ultimately in 1950 I acquired a lease of the first floor flat including the Martha Jane premises. I have only

● *FOR MINIMAL TISSUE TRAUMA*



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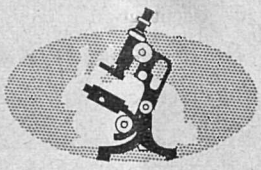

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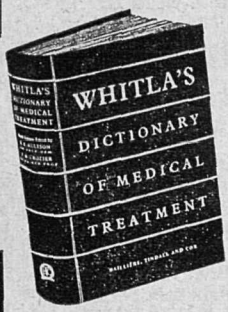

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one complaint. Owing to structural difficulties the doorway which was cut to unite the first floors of No. 14 and No. 16, St. Thomas's Street, is only 27 inches wide and 75 inches high. This sometimes creates problems for furniture removers.

The terrace of houses now known as 2 to 14, St. Thomas's Street, were built in 1819 at a cost of £7,000 for St. Thomas's Hospital but were sold to Guy's in 1922. The dwarf Regency balconies on the first floor have been recently replaced by ugly vertical railings, but the original curved balconies can still be seen in front of the first floor windows of the Grapes.

No. 16, St. Thomas's Street, was built considerably later and was used as offices and showrooms for a hop merchant. The upper rooms have large sky-lights, as a good light is required for assessing the quality of hops.

Yours etc.,

14, St. Thomas's Street,
S.E.1.

J. J. CONYBEARE.

Napkin Rashes

From Dr. H. St.H. Vertue

SIR,—Will Mr. Lane-Roberts (and some others) be good enough to look up the *Guy's Hospital Gazette* for 31st May, 1952 (Vol. LXVI, No. 1666), where he will find an article entitled " Wet Sundays ", wherein are set down precisely and at length the appearance, the cause, the chemistry and the cure of the sore groins and buttocks of babies, the remedies to use and not to use, with the reasons why, the pharmacology thereof and the mode of use, together with exact prescriptions ? In that article I mention my belief " that pharmacological teaching much resembles the labours of the fifty daughters of Danaus "; and the doom has been fulfilled. Yet, having re-read it, I aver that the argument is sound ; and from further experience I have learnt that only a small proportion of cases are not responsive to the method advocated, those that are due (I suspect) to gram-negative organisms relatively or actually insensitive to tyrocidin.

Mr. Lane-Roberts asks certain questions.

Q. Can one of your correspondents clarify the matter ?
A. Yes, in the article named.
Q. What organisms, splitting urea, may be grown ?
A. Mostly *Staphylococci ;* but some strains of *B. Coli* will do so and some, I believe, of *B. Proteus.*
Q. Is boracic acid a poison ?
A. It does not exist.
Q. What is Roccall ?
A. A disinfectant resembling cetrimide, made by Bayers.
Q. Is there a place for barrier-creams ?
A. Yes. The place is the buttocks, the time when the faeces, not the urine, are excoriative.
Q. Do the alkaline diuretics help ?
A. Not at all.

The questions about calves' foot jelly and the *p*H of the urine I take to be pleasantries.

Yours etc.,

Larch Tree Lodge,
37, Tower Road,
Orpington, Kent.

H. ST.H. VERTUE.

From Dr. Ronald Mac Keith

SIR,—If Mr. Lane Roberts will read the first paragraph of Dr. Nicholson's letter, I think that, like Dr. Nicholson, he will have no further difficulty in treating ammoniacal napkin rash. Mr. Lane Roberts might also like to read Dr. Vertue's article in the *Gazette* (and the article by Dr. Vulliamy *et al* in *The Practitioner*).

I don't know the *p*H of the urine passed by these babies. I am going to try to find out, but I do know that when it is passed the urine does not smell of ammonia and that the longer the napkin stays on, the stronger is the smell of Billingsgate.

Boric acid *can* poison and it is best not used for prematures, frail babies and where there is any considerable raw surface on the baby's skin but is otherwise safe. Boric acid is used as an antiseptic and poison against bacteria, so is Roccall,

so is Tyrothrycin, so is Sanitas Jelly. Water repellent creams are useful, but the main thing is to stop the contact of strong ammonia with the baby's skin and now, dear Mr. Editor, may we come to the end of this and of our subject.

Yours etc.,

RONALD MAC KEITH.

1. VERTUE, H. St.H. (1952). *Guy's Hospital Gazette*, **66**, 206.
2. VULLIAMY, D. *et al* (1954). *Practitioner*, **173**, 271.
3. MOYNAHAN, E. J. (1954). *Brit. med. J.*, **2**, 869.

Keats' House,
Guy's Hospital, S.E.1.

SIR,—The napkin rash is, in the first place, an ammonia burn. Mothers often volunteer the information that the smell of ammonia "takes the breath away". It may be generalised on the napkin area but is often localised to the most prominent piece of anatomy in the area, viz., the tip of the foreskin. This becomes red and inflamed and passing urine is a painful process accompanied by loud crying. Boracic powder sprinkled on the napkin and between the layers cures most cases in a few days. Circumcision is strongly contra-indicated for in a small proportion of cases the burn will recur on the tip of the penis where it may cause an intractable meatitis followed by a stricture which is not easy to treat.

This note is certainly not to be taken as "ex cathedra" but, in reply to Mr. Lane Roberts' many questions, I would say with confidence that boracic powder administered four or five times a day on the napkin is not poisonous.

Yours etc.,

Department of Surgery, R. E. HORTON.
Bristol Royal Infirmary,
Bristol, 2.

SIR,—Mr. Lane Roberts is reasonable in requesting sanity over the correspondence on Napkin Rashes. In fact, until he suggested it, I, like many other readers of the *Gazette*, had sat back comfortably to enjoy the views expounded without considering them seriously. Now in retrospect the impression is of one of those subjects in medicine about which there are many theories, more treatments and no knowledge.

Yet, the aetiology of this condition was satisfactorily explained way back in the '20s. Cooke (1921) established the causation on a firm basis, Lanman (1924) confirmed his findings and Hamilton & Middleton (1927) finally summarised the facts in an excellent review.

The dermatitis is due to chemical irritation by ammonia. The ammonia is liberated from urea in the urine by an intra-cellular urease present in the *Bacillus ammoniogenes*—a normal inhabitant of the colon. This organism is inhibited by an acid and flourishes in an alkaline medium. Thus, in the breast fed infant whose stool is acid, this organism is prevented from multiplying and a napkin rash is extremely rare. However, in bottle-fed babies and those weaned from the breast the stools are alkaline, the organism flourishes and the skin of the perineum is teaming with them. As soon as the nappy is soaked in urine the bacilli liberate ammonia and the rash appears. In addition to this a vicious circle is set up as the ammonia makes the medium more alkaline, the organism proliferates and ammonia production increases. Therefore the extent of the chemical irritation is influenced by the length of time the wet napkins are allowed in contact with the child. It can be readily understood why diarrhoea can cause such severe napkin rashes and how treatment by exposure is so successful.

Treatment by impregnating the clean napkins with boracic powder and using it as a dusting powder certainly works dramatically. It creates an acid medium, inhibits the bacillus and also neutralises any ammonia that may be formed. In mild napkin rashes this is the cheapest successful treatment. However, if the skin becomes ulcerated, the boric acid may be absorbed and fatal poisoning result. Thus it is absolutely contra-indicated in the severe case and has been abandoned completely at Hillingdon Hospital following just such a death. At this Paediatric Unit we find the most magical treatment for the severe cases is to apply a silicone barrier cream (Silicone Vasogen—Lactagol Ltd.) to the buttocks whenever the

napkin is changed—this should be done frequently—and to rinse all napkins finally in Roccal (Benzalkonium chloride) before hanging them out to dry. The silicone acts purely as a barrier, the skin healing rapidly as soon as the ammonia is prevented from scalding it. The Roccal is an antiseptic which destroys the bacillus. In the milder cases, and to prevent recurrences in the severe ones, Roccal alone appears quite sufficient.

In my experience it is rare to develop rashes from the detergents in which the nappies are washed—possibly because mothers nowadays realise this risk and are very careful to rinse the napkins thoroughly.

Severe nappy rashes can become secondarily infected. A swab should be sent to the Laboratory and then the appropriate antibiotic may be administered. It is remarkable how resilient is the skin of the buttocks and if protected from the ammonia will often be healing by the time the antibiotic sensitivities are through. However, if the secondary infection is due to the monilia fungus this will prove resistant to treatment and time-honoured gentian violet 1 per cent. plus exposure of the buttocks is necessary. This has the disadvantage of being extremely messy and so discolours the area that it is often difficult to follow the progress of the condition. The latest antibiotic Nystatin applied as an ointment appears therapeutically the method of choice—if not financially.

May I close with a plea for the baby with a sore bottom? This is a good reason for him to be irritable. Especially if it is realised that this is really a second degree burn and that while the dirty napkin remains in contact this burn is being bathed in pure ammonia. Teething babies often get diarrhoea (the explanation of this I would be most interested to obtain) and it is very often the napkin rash—not the teeth—that is causing the discomfort.

Yours etc.,

L. P. BALFOUR-LYNN.

Hillingdon Hospital,
Hillingdon,
Uxbridge, Middlesex.

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COOKE, J. V. (1921) *Amer. J. Dis. Child.*, 22, 481.
LANMAN, T. H. (1924) *Boston Med. and Surg. J.*, 190, 628.
HAMILTON, A. J. C. & MIDDLETON, D. S. (1927). *Lancet*, 2, 639.

This correspondence, fascinating though it has been, is now becoming repetitive. With reluctance we now declare the subject closed.—EDITOR.

Guy's Statue

SIR,—I should like to add my appreciation to that of Mr. Mansie for the improved appearance of Guy's Statue. As recently as 1928, Lord Edward Gleichen (author of *London's Open-Air Statuary*) described the Statue as " dirty black, encrusted with grime and apparently uncared-for, inside a spiky railing, in the forecourt of the Hospital ". He did however, realize its worth for he went on to say, " As far as one can see for the dirt, it is a good Statue of bronze."

Yours etc.,

M. C. JOSEPH.

Guy's Hospital,
London Bridge, S.E.1.

GUY'S HOSPITAL ART SOCIETY

Mr. R. Darlow, the well known art lecturer, will give a talk to the Art Society on " Perspective and Proportion ", in the Dental Theatre on Friday, 8th March, at 5 p.m. All members of the hospital community are invited to attend.

It is proposed to hold a joint exhibition of the Hospital photographic and art societies to open on 13th May. This is a preliminary notice to enable prospective exhibitors to prepare their material.

GUY'S HOSPITAL BOAT CLUB

Winners of University of London Boat Club Winter Eights Cup, 1956
and
Winners of United Hospitals Rowing Club Junior Eights Cup, 1956

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G. Sea Shanty.
H. Hauntz's Song.
I. Hoodwink and Sister Marvel's Song
J. Dean and Superintendent.
K. Block Opera.

The records are obtainable from : " Records," The College, Guy's Hospital, S.E.1. Please enclose money with the applications. Delivery is expected in two to three weeks.

REVIEW

The Blood Supply and Anatomy of the Upper Abdominal Organs. By N. A. MICHELS, M.A., D.Sc. 1955. Pitman Medical Publishing Co. *Price* £8.

This book represents the result of 20 years of work and the dissection of well over 300 bodies. As might be expected, this is not a trivial work, either in price or content. The main thesis is one of exposition and analysis of the infinite varia-

tion of the arterial pattern of the upper abdomen. There is an exhaustive account of every possible variant in the main and subsidiary arteries in their intra- and extra-visceral courses. The venous patterns have not been studied with the same lavish care, which is probably just as well.

The text-matter is rather variable in the exact amount of detail which is accorded to various topics. The blood supply of the omentum is given a fuller description than is to be found anywhere else in the literature. The supply of the pancreas and duodenum is described with particularly full reference to the terminal ramifications of the gastro-duodenal artery. The intra-splenic circulation and hepatic anastomotic channels are obviously favourite subjects of the author and they receive a very detailed consideration. It is perhaps a pity that the intramural vessels of the stomach and gut had not been given some more emphasis, but perhaps this defect of detail will be remedied in a second edition.

The second half of the book is an atlas of the vessels described in the text. The only criticizm that can possibly be levelled against it is that there is a plethora of detail. The fact that there are 20 small diagrams illustrating origins of the cystic artery outside the cystic triangle of Calot will perhaps exemplify this. This is, without doubt, the finest and fullest source-book on its subject and will be consulted for many years to come.

P.S.B.

SPORT

GUY'S HOSPITAL CROSS-COUNTRY CLUB

KENT HUGHES CUP

For the 26th time since the race was first run in 1887, and for the first time since 1942, Guy's won the Kent Hughes inter-hospitals cross-country cup on Saturday, 16th February.

The weather was exceptionally kind, there being bright sunshine the whole day ; down in Epping Forest, however, the ground was, at best, soft and more often liquid, a thin suspension of soil and rotting leaves in abundant water.

The field of 59 runners was started by Professor Walls of Middlesex Hospital. There was the usual dash down the first, and not very slippery 'ride', and many an unfortunate soul who had not provided himself with the correct shoes received a baptism in mud. Parrat went away into the lead with Rickett and Huddy pounding along at his heels and the rest of the Guy's team somewhere about the middle of the field. At about 1 miles Parrat, Rickett and Huddy were running very strongly up at the front together with Bishton (Middlesex) and Millwood (University College) and were separated from Wastell and Ford by four Middlesex men. By the time the half way mark was reached at 2 miles, however, the Middlesex bunch had been passed except for Bishton and one other man. These positions were more or less maintained until the finish. Parrat, running a magnificent race was just overtaken by Bishton coming up the last slope. Rickett and Huddy after a splendid performance at their first Kent Hughes tied for 4th place. Wastell was 12th, closely followed by Ford at 14th. Legg, Yates and Stamp loyally backed up and came 34, 37, and 40th respectively.

Result :	Guy's		37 points
	2nd	Middlesex	63 ,,
	3rd	University College	87 ,,
	4th	London	89 ,,
	5th	St. Mary's	96 ,,
	7th	St. Thomas's	109 ,,
	7th	Westminster	196 ,,

Guy's team and positions : Parrat (2), Rickett (4.), Huddy (4.), Wastell (12) (Captain), Ford (14), Legg (34), Yates (37), Stamp (40).

Match V. King's College, London 2nd Team ; Goldsmiths College

On Wednesday, 20th February, 1957

Result :	1st	Guy's	30 points
	2nd	King's College	39 ,,
	3rd	Goldsmiths College	53 ,,

Guy's team and positions : Parrat (1), Rickett (2), Wastell (4) captain, Ford (9), Legg (14), Stamp (15).

ASSOCIATION FOOTBALL

University of London Cup—Semi-Final

Guy's v. Westminster College

At Colliers Wood

Result—Lost 4-1

Luck of the draw and some fine determined efforts in the previous rounds put Guy's into the semi-final. Excellent conditions prevailed for the match.

Guy's were unusually quick in settling down and some excellent approach work by the forwards soon had the Westminster defence reeling. However, the all important early goal was not forthcoming, due solely to the inability of the Guy's forwards to shoot when within range.

As the game matured so Westminstered came more into the picture. What appeared to be quite a harmless cross by the Westminster right winger proved a disaster for Guy's. Sutton, standing on the penalty line, attempted to head the ball clear but had the mortification of deflect- Rowland, the Guy's keeper.

Inspired by this fortunate goal, Westminster swept into the attack. The Guy's defence was hard pressed and only a series of excellent saves by Rowland, backed up by good anticipation on the part of Missen and Gann, prevented any further score before half-time.

Westminster kept up their pressure in the second half, and two well taken goals were added to their score. It was some consolation to Guy's on being awarded a penalty and Maggs reduced the arrears with a well taken shot. Westminster added a fourth goal in the later stages of the game and were worthy winners.

It was a hard fought game in which the last twenty minutes proved that Guy's were not as fit as they should have been. It was no disgrace to lose to such a fine Westminster side that should do well in the final.

Team : C. Rowland; H. Missen, M. Gann; A. Clark, M. Sutton (Capt.), D. Smith; W. Landers, B. R. T. Smith, C. Maggs, B. Heath, D. Wright.

HOSPITALS LEAGUE

Guy's v. St. Bartholomew's Hospital

Away

Result—Won 5-2

For this important game, Guy's were minus two of their regular players, C. Maggs and D. Smith, who were playing in a United Hospitals match.

Guy's were soon on the attack and were a goal up in seven minutes. Wright received from Heath and made ground on the left wing. His return pass was hit first time by Heath well out of the goalkeepers reach. Guy's maintained the pressure on the Bart's. goal and were rewarded with a further goal by Landers. The only danger to Guy's came from the Bart's outside left who gave Missen a hectic afternoon. Further pressure on the Barts'. goal resulted in a third goal for Guy's. Heath headed an intelligent lob from Wright against the crossbar and B. Smith, following up, scored with a powerful shot through a crowd of defenders.

Bart's. retaliated through their inside right who reduced the lead with a hard ground shot that gave Rowland no chance.

However, play remained in the Bart's. half for most of the time. Spasmodic attacks were broken up by a quick tackling Guy's defence that kept the Bart's. forwards well in check. Sutton was a tower of strength at centre-half. Guy's increased their lead when Smith unselfishly allowed a cross from Jaworski to run on to Heath, who, presented with an open goal, made no mistake.

After the interval Guy's slackened somewhat only to be revived when the Bart's. centre forward scored from close in. A fine individual effort by Smith increased the score to five. He converted with a terrific drive from twenty yards. There was no further score but Heath should have made it six when put through by Landers just before the final whistle

Landers seemed much happier at centre forward and kept an eager Guy's forward line on the move with some well distributed passes. Mention should also be made of Skippen for his fine attacking game at wing-half.

Team : C. Rowland; H. Missen, M. Gann; A. Clark, M. Sutton (Capt.), J. Skippen; J. Jaworski, B. R. T. Smith, W. Landes, B. Heath, D. Wright.

Of the five league games played to date, the 1st XI have won 4 and lost 1. Goals for 19, against 13.

2nd XI Matches

The 2nd XI have enjoyed a very successful season so far. Of sixteen matches played nine have been won, seven lost.

The most notable achievements have been at the expence of other hospital sides. Six of these matches have been won and only one lost, with the fantastic record of 44 goals for, nine against.

Results of Second XI matches.

University College Hospital, Won 2-1.
Royal Dental and Charing Cross Hospital, Lost 2-3.
London Hospital, Won 9-3.
Westminster Hospital, Won 15-0.
St. Mary's Hospital, Won 9-0.
University College Hospital, Won 4-1.
Royal Dental and Charing Cross Hospital, Won 3-1.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1ST MARCH, 1957

Assistant House Surgeons

To :
Mr. Blackburn — Mr. D. R. Laney
Mr. Lawrie — Mr. P. B. Whatmore
Appointed for 6 *months the first* 3 *as A.H.S.*

Mr. Glover — Mr. M. J. Young
3 *months*

Mr. Brain — Mr. F. P. Greenwell
Appointed for 6 *months the first* 3 *as A.H.S.*

Assistant House Physicians

To :
Dr. Douthwaite, Dr. Hardwick and Dr. Grant } Mr. B. R. P. Murray
Appointed for 6 *months the first* 3 *as A.H.P.*

To :
Dr. Boland, Dr. Baker and Dr. Houston } Mr. I. McColl
Appointed for 6 *months the first* 3 *as A.H.P.*

To :
Dr. Hampson and Dr. Kauntze } Mr. R. D. C. Southcott
3 *months*

To :
Dr. Mann, Dr. MacLean and Dr. Bishop } Mr. P. G. Benson
Appointed for 6 *months the first* 3 *as A.H.P.*

Out-Patient Officers

Mr. D. Parrott, Mr. F. N. Rigby, Mr. M. C. Shannon, Mr. P. H. W. Sheard, Mr. D. M. Smith } 3 *months*

House Surgeons

To :
Mr. Massie — Mr. G. Brocklehurst
6 *months*

Mr. Eckhoff — Mr. C. E. A. Holden
3 *months*

Mr. Atkins — Mr. G. B. C. Jones
6 *months*

Mr. Wass — Mr. M. A. C. Lyon
3 *months*

House Physicians

Dr. Douthwaite, Dr. Hardwick and Dr. Grant } Mr. K. T. Tighe
6 *months*

To :
Dr. Boland
Dr. Baker and
Dr. Houston } Miss E. M. Bray
6 *months*

To :
Dr. Hampson and
Dr. Kauntze } Mr. D. M. MacLaren
3 *months*

To :
Dr. Mann
Dr. MacLean and
Dr. Bishop } Mr. R. S. Henderson
3 *months*

Resident Obstetricians
1.11.56—30. 4.57 Mr. J. G. Davies
1. 1.57—30. 6.57 Mr. R. I. Henry
1. 3.57—31. 8.57 Mr. T. W. Hoskins
1. 5.57—31.10.57 Mr. M. J. Williams

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital
Mr. G. A. Irving Miss G. Wood
3 *months*

Throat and Ear and Ophthalmic House Surgeon
Mr. F. Mansfield
3 *months at Guy's Hospital followed by* 3 *months at New Cross Hospital* (*E.N.T. duties only*)
Mr. F. H. Muir
3 *months at New Cross Hospital* (*E.N.T. duties only*)

Dermatological House Physician
Mr. R. S. Wells (To 24.7.57)

Genito-Urinary House Surgeon
Mr. B. N. Pickering 3 *months*

Neurological House Physician
Mr. I. D. Green 6 *months*

House Surgeon to the Thoracic Unit
Mr. B. L. Anderson 3 *months*

Children's House Physicians
Mr. M. B. R. Mackenzie 3 *months*
Mr. D. A. Lillicrap 6 *months*

Children's House Surgeon at the Evelina Hospital
Miss P. J. Sandison 3 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologist
Mr. R. M. C. Butler 3 *months*
Miss R. M. Harrison-Bloom 6 *months*

House Physicians in the York Clinic
1.10.56—30. 9.57 Mr. G. Daw
1.11.56—31.10.57 Mr. J. H. P. Willis

Resident Anaesthetists
1. 1.57—30. 6.57 Mr. M. W. Potts (S.H.O.)
1. 1.57—30. 6.57 Mr. J. M. Clark
1. 3.57—31. 8.57 Mr. S. S. Barker

R.M.Os. in Nuffield House
19.11.56—18. 5.57 Mr. G. A. E. Baker
1. 1.57—30. 6.57 Mrs. M. A. Scott
19. 5.57—18.11.57 Mr. J. G. Davies

NEW CROSS HOSPITAL
House Surgeon
Mr. A. L. Gunn

ST. JOHN'S HOSPITAL, LEWISHAM
House Surgeon
Vacant

JOYCE GREEN HOSPITAL, DARTFORD
House Surgeon
Mr. M. L. A. B. Bancilhon

ORPINGTON HOSPITAL
House Physician
Mr. E. W. Lord

LEWISHAM HOSPITAL
House Surgeon
Mr. E. L. R. Andrews
On locum basis 28.2.57—14.3.57. 6 *months appointment from* 15.3.57.

QUEEN MARY'S HOSPITAL, SIDCUP
House Physician
Mr. J. de B. J. Dade

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in Minor Oral Surgery** (with attendance on 6 sessions per week) to commence duties as soon as possible.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Monday, 18th March, 1957.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL
Southwark Bridge Road, London, S.E.1

Applications are invited for the post of **Non-resident Senior House Officer** in the Casualty Department for five morning sessions weekly. The appointment is for six months from the 1st April, 1957. Applications and copies of three recent testimonials should reach the Hospital Secretary by **6th March, 1957.**

APPOINTMENT

D. F. V. Brunsdon, M.B., B.S., L.M.C.C., has been appointed Director of the Fredericton Regional Laboratory, Fredericton, N.B., Canada.

UNIVERSITY OF LONDON

Readership

Dr. M. J. Blunt, senior lecturer in anatomy at St. Bartholomew's Hospital Medical College, has been appointed to the readership in anatomy at that college.

CENTRAL MIDWIVES BOARD

Part I Examination

Miss A. P. O'Riordan

NURSING NEWS

Left : Sister Goodman.
S/N P. Clarke.

Entered : Sister F. M. Shackshaft 3*rd Assistant Matron.*
S/N Young to *Miriam and John.*
S/N Power to *Job.*
S/N Moorbridge to *Evelina.*
Sister M. W. Watson to *School of Nursing.*
S/N S. Jay to *School of Nursing.*
Sister H. Smith to *Nurses Home.*
S/N R. Turner to *Theatres.*
S/N Buckley to *Lydia.*

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February, 1957

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Certificate—L. M. Hillman

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Besterman, E. M. M. and another. Antilipaemic Agent without Anticoagulant Action. *Brit. Med. J.* 1957, i. 310.

Blake-Palmer, G. Comparative Personality Studies: Psychiatric Aspects. *Med. J. Aust.*, 1956, ii, 849.

Blake-Palmer, G. Group Prejudice. *Med. J. Aust.* 1956, ii, 815.

Camps, Francis E. and another. Acute Epiglottitis. *Practitioner*, 1957, 178, 223.

Cathie, I. A. B. Anaemia in Infancy and Childhood. *Practitioner*, 1957, 178, 171.

Epstein, S. S. and another. Intubation Granuloma. *J. Laryng*, 1957, 71, 1.

Harley, H. R. S. and others. Alcohol-induced Pain due to Carcinoma. *Lancet*, 1957, i, 299.

Hawkins, C. F. Alimentary Diverticula. *Med. Pr.*, 1957, 237, 110.

CHANGES OF ADDRESS

K. F. Anderson, M.D., Institute of Medical and Veterinary Science, Frome Road, Adelaide, South Australia.

D. F. V. Brunsdon, M.B., B.S., L.M.C.C., Fredericton Regional Laboratory, Fredericton, New Brunswick, Canada.

Guy's Hospital Ladies Association, 24, St. Thomas's Street, S.E.1.

I. S. Hodgson-Jones, M.D., M.R.C.P., Little Harrowden House, Little Harrowden, Wellingborough, Northants.

G. R. B. Ingram, L.D.S.R.C.S., Adelaide House, Teddington, Middx. (Tel. Molesey 6698).

J. A. Jemson, M.B., B.S., Melita, Manitoba, Canada.

R. F. N. Jones, M.B., B.S., 45, Crowthorne Road, Easthampstead, Bracknell, Berks.

I. C. K. MacKenzie, M.D., M.R.C.P., 19, Alleyn Park, London, S.E.21.

G. B. Middle, M.B., B.S., Moss Cottage, Ley Hill, Chesham, Bucks. (Tel. Chesham 8815).

A. A. Roe, M.B., B.S., L.M.C.C., 2992, Keele Street, Downsview, Ontario, Canada. (Tel. CH4—0725).

Miss J. Selby-Adams, S.R.N., S.C.M., Joseph Fraser Memorial Nursing Home, Browning Road, Colombo, S. Ceylon.

H. Windsley, M.B., B.S., 3200 Netherland Avenue, New York 63, N.Y., U.S.A.

BIRTHS

BRIDGE.—On 21st February, 1957, at Guy's Hospital, to Margaret, wife of Arthur J. Bridge, M.R.C.S., L.D.S.

FAIRLEY.—On 6th February, 1957, at Allfreys Cottage, Cowfold, to Sheila (née Howe), wife of Andrew Fairley, M.B., B.Ch., a daughter.

MEYER.—On 24th February, 1957, at Farnborough Hospital to Patricia (née Gillett), wife of John Meyer, M.B., B.S., a daughter (Clare Louise).

TOMKINSON.—On 25th February, 1957, at Nuffield House, to Barbara and John Tomkinson, a son (Barnaby John).

VAUGHAN.—On 22nd February, 1957, in Nuffield House, to Thurle (née Laver) and Dr. G. F. Vaughan, a son.

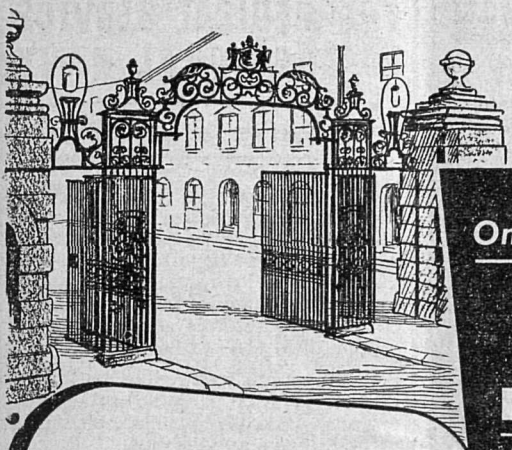
DEATHS

BARRETT.—(Known as Jimmy Green). On 18th February, 1957, in Guy's Hospital, Walter Barrett (Electrician), a loyal servant of Guy's for 48 years. Aged 62.

MONKHOUSE.—On 4th February, 1957, Erick Leonard Monkhouse, M.R.C.S., L.R.C.P., of Kitale, Kenya, aged 54.

STUBBS.—On 10th February, 1957, Herbert Rex Stubbs, L.D.S.R.C.S., in Harrowgate Hospital, late of 3, North Parade, Ripon, Yorks., aged 47.

Eds. { P.S.B. / T.W.H.



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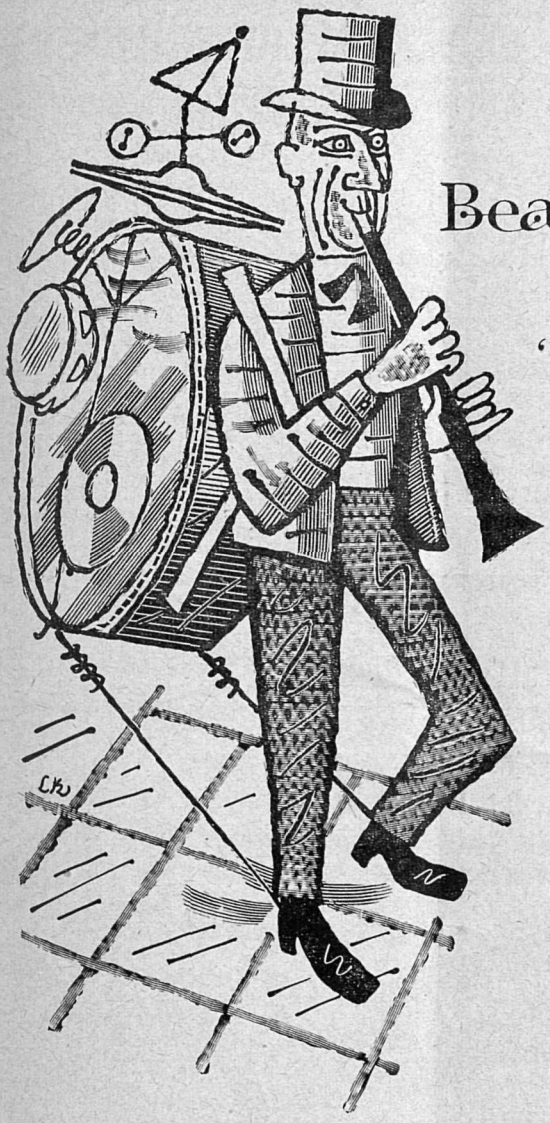

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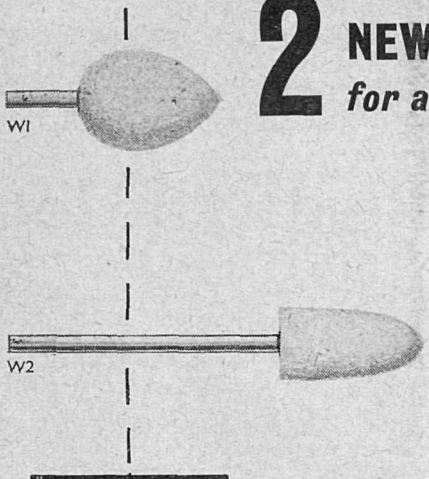

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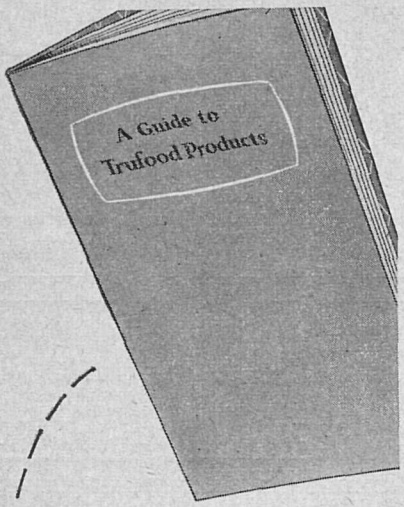

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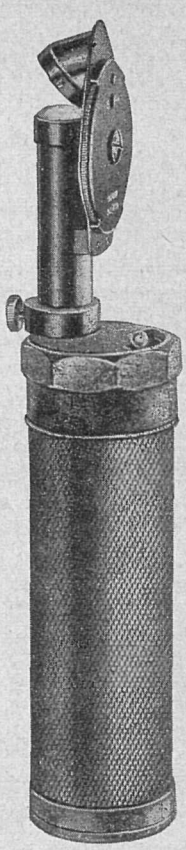

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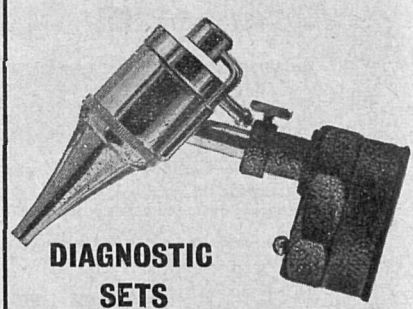

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16th March 1957

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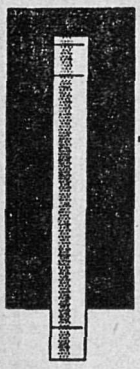

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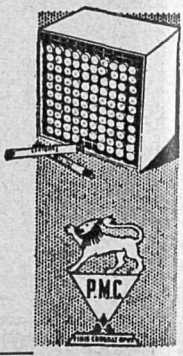

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

Doctor or Mister ?—The old argument.

THE controversy that has meandered across the pages of *The Lancet* on the use of the word ' doctor ' has been interesting though somewhat repetitive. It is one of the perennial topics which are produced from the journalistic attic, shaken free of cobwebs and dust and set before the medical reader to tempt him into verbal tournaments in the correspondence columns. Faithfully, every year or so, the subject comes up again. Each time the same things are said, the same grudges are aired and, after a few weeks, the scratchings of pens and the tappings of typewriters are stilled until someone drags up the controversy again.

Essentially, the argument always rages around one central point and that is the right of the medical man to use the title of doctor when, as is commonly the case, he may hold only a bachelor's degree or, often, no university degree at all. The whole matter is further confused by the retention of the prefix ' Mr. ' by surgeons who regard this as a matter of distinction. The use of ' doctor ' would seem to be a long hallowed minor conceit of our profession. We and the public tend to forget that the true owners of doctorates are the only people who can prefix ' Dr.' to their names with impunity. Of all these doctors, only a few, perhaps twenty per cent, are doctors of medicine. Philosophy, Laws, Music, Science and Divinity provide the vast majority. Quixotically enough, that respected medical journal whose columns provide the most recent battlefield is noted for its custom of referring to all medical men and women as doctors while compounding its felony by snubbing genuine doctors (of Science or Philosophy) by printing their names as, for instance, Mr. A. B. Blank, D.Sc. Was there ever such a misguided piece of inverted snobbery as this ?

We think that the medical lions must lie down amicably with the doctorial lambs of philosophy and divinity. There is such a tradition in the usage of the term ' doctor ' for medical men that we cannot see that it could or should be changed. The devotees of strict accuracy in nomenclature would like all medical men to be known as Mr. So and So, Medical Practitioner. Somehow it is very difficult to imagine this terminology gaining any popularity. We have come to regard the description ' a good doctor ' as being a high compliment—whether applied to a G.P., a Surgeon or anyone else. It is likely, we hope, to continue as such—irrespective of the academic rights of the subject. Can you imagine the same sense of respect being infused into the phrase ' he is a good medical practitioner ' ? It just does not sound right.

In some places, notably America and South Africa, the popular

use of 'Dr.' for dentists and other people concerned with the care of patients (such as osteopaths, chiropractors and chiropodists) has led to further confusion. It is difficult to know when to stop in a matter such as this. While the public and the profession condone the established custom of giving entirely gratuitous doctorates to medical men, it is probably better to stick at this and leave dentists to the surgical 'Mr'. Let confusion be limited.

There has never, we think, been such a crescendo of press reports about the health of prominent men. This sort of thing is all very well for a short time but the present daily reiterations about the Presidential cough have begun to pall. One of the most depressing things about these reports has been the gloomy enjoyment of detail shown by reporters. One of our leading daily papers had a pathetic account of the way in which 'the tracheitis had moved to the Eustachian tube'.

We realise that affairs of state are handled differently on the other side of the Atlantic. It would be pleasant if our papers were to give rather less of their space to imported turgid medical bulletins with interminable reports quoting chapter, verse and blood-pressure. Apart from the morbid interest value to the public, there is nothing to be gained by the practice of excessive disclosure of medical information by those connected with the treatment of celebrities. What is really deplorable is that the privacy of the patient (a basic right) is violated. Surely a mention that he is ill should be sufficient. Sympathy and understanding do not demand pathological detail. There is no doubt of course, that the public get what they want and they are intrigued by things medical. The proof of this is in the sales records made by effusions such as *The Citadel* and that lengthy and tedious transatlantic tome, *Not as a Stranger*.

In film too there is a sure market for the *Doctor in the House* type of thing. These cheerful offerings are fortunately a healthier departure than the dreary series of films with psychological and psychiatric bases which offended the public eye for a year or so after the war.

We offer our warm congratulations to Dr. J. M. Hall on his appointment as Consultant Anaesthetist at Guy's. His activities here have extended beyond the realm of anaesthetics, for he was one of the founder members of the Theatre Club, taking many notable parts in their productions, and an author of several Residents' Plays. We are, therefore, all the more delighted that he should be staying at Guy's.

We congratulate Mr. G. A. Walker, senior technician in the Anatomy Department, who on the 6th March celebrated his fiftieth anniversary at Guy's. Mr. Walker, who will be known to thousands of Guy's men, has played a great part in the activities of the Department and the School through the years and will be remembered especially by those who spent some of the war years at Tunbridge Wells. We know that everyone will wish to join us in thanking him for his half-century of service to the School.

We offer our sincere congratulations to Miss Jane Jacobs who has been appointed Matron of Pembury Hospital. Miss Jacobs trained at Guy's from 1936 to 1940 and from then until 1946 was at Guy's as Staff nurse and later Sister. She is at present Matron of the Tunbridge Wells and District Maternity Home. We hope that she will be happy in her new and important appointment.

The Annual Dental Clinical Day and Dinner was held on 2nd March. A report of both parts of the day's activities appears on page 126. This day was most successful and had many novel features including, as readers will see, a presentation by student members of the Dental Society of research work carried out by them in the School.

We would like to draw the attention of our nursing readers to the A.G.M. and Reunion of the Guy's Hospital Nurses' League. This will be held in the Hospital on Friday, 10th May, at 3 p.m., and will be preceded by a service in the Chapel at 2.30 p.m. We are giving this early notice so that members may make their plans well in advance.

1957 deserves to go down in history as the year in which the Residents entered the field of long playing records. It has been found possible to get all the Residents' Play music on to one 8 inch record with 12 minutes playing time on each side. At 25/- this is a remarkable bargain compared with the prices of the 78 r.p.m. recordings. As it was only discovered that this was possible after the Residents' Play was over, there will be a little inconvenience for those who ordered their records during the week of the play ; but this should be negligible compared with the advantages of the new system.

We draw the attention of our readers to the notice printed on page 116 concerning the 1957 issue of the *Guy's Hospital Directory*. This is appearing rather late owing to a series of hold-ups in printing. Those readers who have ordered copies should send a cheque for 10/6*d.* to the *Gazette* Office as soon as possible, when their Directories will be sent. We emphasize that Directories will not be sent until payment is received.

It has come to our notice that a man who was a student at Guy's until his studentship was terminated, is approaching old Guy's men, with a " hard-luck " story, in order to borrow money. We give this information prominence in order to warn any Guy's man who may be asked for a "loan ". We do so with reluctance, but feel that our readers should be on their guard.

We are delighted to see that the infamous black board at the front gateway has been removed. This notice, which directed patients to the ' tradesman's entrance ', earned the dislike of everyone who passed it. It will not be missed.

The Students' Club Bar in the Newcomen Street premises was used to good effect during the runs of the Residents' Play and the Theatre Club production. We note that it is to open on Friday evenings for an experimental period.

GUY'S DIARY

MARCH			Exhibition. Department of Surgery. *Haematuria.*
18th	M	1.00	Dr. A. M. Hutton. Clinical Lecture. *Anaesthesia in the Dental Chair.*
19th	T	1.00	Mr. Patrick Clarkson. Clinical Lecture. *Clinical Aspects of the Megaton Bomb.*
21st	Th	5.00	X-ray Meeting. Medical X-ray Department.
22nd	F	1.00	Mr. R. H. F. Brain. Clinical Lecture.
23rd	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby 1st XV *v.* London Irish (H.O.P.).
25th	M	1.00	Dr. Charles Baker. Clinical Lecture. *A Further follow-up of Patients after Mitral Valvotomy.*
28th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
		5.00	X-ray Meeting. Medical X-ray Department.
29th	F	1.00	Dr. Ralph Kauntze. Clinical Lecture. *Some Aspects of Systemic Arterial Hypertension.*
			Professor W. E. Herbert. Dental Clinical Lecture. *Injuries of the Teeth.* Dental Theatre.
30th	S		Rugby 1st XV *v.* Metropolitan Police (H.O.P.).
APRIL			Exhibition. Department of Surgery. *The Hip.*
1st	M	1.00	Mr. F. W. Law. Clinical Lecture. *Modern Trends in Diagnosis and Treatment of Glaucoma.*

Forty Years Ago

From Guy's Hospital Gazette, 10th March, 1917.

The difficulty of obtaining vehicles for the conveyance of patients from the District to the Hospital is daily becoming more acute. We hear that of the last six cases brought in at night four had to be wheeled on theatre trolleys. Anyone who has experienced riding on an unsprung trolley with wheels of about four inches in diameter over the Borough roads will recognise that it is not an ideal method of transport for anyone who is seriously ill. Failing a proper ambulance it might be possible for the Hospital to provide a well-sprung two-wheeled stretcher for the use of the externs. We fear that unless something is done in the matter there may one night be an unfortunate episode in the public streets. A possible solution might be an arrangement with some firm of car or carriage proprietors that if they were rung up during the night they should send a vehicle.

LAMENT FROM COS

Hippocrates, would'st thou not rather weep
To see thine impecunius sheep
Unwittingly, become of late
Forgotten servants of a State ?

D.V.D.

GUY'S DIRECTORY

The 1957 Guy's Directory is now ready for distribution—price 10/-, postage 6d. extra. If required, please forward remittance (10/6), addressed to " The Manager, Gazette Office, Guy's Hospital, London, S.E.1, " with full name and address. All prepaid orders have been despatched.

THE RESIDENTS' PLAY, 1957

SURGICAL SPIRIT

THE annual corrective for consultants, administered this year by the residents from 19th to 22nd February, was dispensed in an unusually agreeable form; certain members of the Staff who have been given the full treatment in previous years are now it seems sufficiently restored to grace to need only small maintenance doses of quite palatable medicine. It may be said at once that the play was a resounding success and all the better for being quite free from any trace of unkindness. The general level of achievement was high, even by the exacting standards of the Residents' Play, but specially noteworthy were a good plot, excellent dialogue and a talented cast.

The opening chorus of nurses were skilfully dressed to reveal the fleecy littel bottoms and tails of authentic Lambs.

We've only just begun the play,
It's dress parade for Prizes Day,
We'll take whatever comes our way,
We've only just begun.

We've only just begun at Guy's,
We're vixen cubs in lambs' disguise,
We want a consolation prize,
We've only just begun.

We've only just begun to croon,
Like Baker humming hymns in tune,
Like lovers on their honeymoon,
We've only just begun.

Like chicken twins in double yoke,
Professor Thompson's only joke,
Or Lolly Forman's masterstroke,
We've only just begun.

Like rosebuds, like the break of day,
Like diners spooning consommé,
Like femmes fatales *in negligées,*
We've only just begun.

Like schoolboys smoking large cigars,
Like "first to-days" in cocktail bars,
Like lovely lady registrars,
We've only just begun.

Like Dr. Houston's private fees,
Like Dr. Moynahan on skis,
Like Dr. Kauntze on heart disease,
We've only just begun.

The curtain now rises on the School of Nursing Prize-Giving as Lord Bunliffe concludes his speech. At the table with him are the Superintendent (Mr. Shirty), an Assistant Matron (Sister O'Tootes), Sister Granet from the School of Nursing and Sister Voyd from Nuffield House. In her report on the School of Nursing, Sister Granet reveals that a gentleman from the Ministry of Health ("He comes every year, you know, about the cholera") disappeared while on a tour of the school. The Nursing Representative of the Ministry of Health, Miss Watercress, dressed in the uniform of a Sea Ranger, arrives late to present the prizes and is greeted by Mr. Shirty ("My dear Sir or Madam, welcome"). She takes a sip of water before giving her address and at once collapses over the table.

The interest flagged somewhat during this long opening scene and, considering the many good things to come, it might with advantage have been pruned. The doddering and forgetful speech of Mr. Shirty was a mistake; a more effective speaker than the original would be hard to find.

Scene 2 opens with Dr. Baffle-Dark seated in familiar confident attitude at his desk in the York Clinic. He switches on the tape-recorder ("This is the B.B.C. Light Programme. The Silver Lining. Here is the Psychiatrist"). He switches off regretfully as Sir Russell Block and Mr. Murray Balconer come in. It is now revealed that a state of panic exists because many nurses have seen the ghostly figure of a little porter wheeling a trolley along the underground and then vanishing into thin air. Baffle-Dark is convinced the ghost must be treated, not the nurses ("I don't think I've ever known such a . . . tense . . . ghost"). He proposes to materialize the ghost by hypnosis so that Balconer can cure him by leucotomy. After agreeing to co-operate Balconer and Block leave and Dr. MacDrain and Mr. Plover come in. They are let into the plan and so, too, on their arrival are Dr. Hoodwink, Terry Mycin (Baffle-Dark's H.P.) and his fiancée, Nurse Anna Plastic. After detailing his orders Baffle-Dark launches into an impassioned speech to the swelling background music of "Land of Hope and Glory" ("Gentlemen, this is a proud moment. We shall attempt, this night. . ."). This was beautifully done and brought the house down. The curtain falls as MacDrain is urgently summoned to Nuffield House. An excellent scene this, full of good lines.

"*Won't you whisper one two three ?*"

(*L. to R.: MacDrain, Hauntz, Watercress, Poland, Sister Voyd, Shirty.*)

Next we have a room in Nuffield House where Miss Watercress, still in her Sea Ranger's uniform, is in bed. The Superintendent (Mr. Shirty) and the Dean (Dr. Poland) enter furtively and the latter expresses satisfaction that the patient is getting "nicely cold". It becomes clear that the two conspirators are waging a war against the common enemy (The Ministry of Health) and that Shirty slipped something into Watercress's glass at the prize-giving. Sister Voyd enters with Dr. Hauntze, who is clearly another of the conspirators. Dr. MacDrain now appears, having been summoned by Sister Voyd, and proposes to revive the patient with a cortisone drip. This gives the opportunity for a splendid piece of slapstick as the four consultants and Sister Voyd struggle ineffectively with a bottle of Guinness connected to yards of intricately laced tubing. They are too late, however, and sing together an excellent dirge:

The depth of my depression
Is conveyed by my expression
We must give the right impression
As befits our fine profession.

For the patient's dead
Her little heart has ceased to beat
Her nose is cold and cold her feet
Won't you whisper one two three.

Last breath taken
Life forsaken
Hearts are broken
Soft words spoken.

They pull the sheet over Watercress and withdraw, and as the curtain falls a little porter with his face concealed is seen entering with a trolley and approaching the bed.

Scene 4 shows the underground where Baffle-Dark, having posted Hoodwink and Plover as sentries off-stage, proposes to hypnotize the ghost. First comes Baffle-Dark's song:

Two death wishes, one guilt feeling,
Breath of father homeward reeling,
Sigh of overdoting mummy,
Bubbles from a gummy dummy,
Something nasty in the woodshed,
All the tears Niobe could shed,
All this analytic lumber,
Constitutes my soul in slumber.

Kretschmer, Kraepelin, Wögel, Weiss,
Perpetuate my secret vice,
If control is just repression,
Solve my conflicts by confession,
Word them in a Babcock sentence,
Save my psyche by repentance,
Sanctify my pet perversion,
Extroverted introversion.

Rattigan's my relaxation,
Dramatizing my frustration,
Abreacting all the tension
Of my morbid apprehension ;
But when problems need untwining
Then I seek the silver lining,
Clouds of doubt are banished from me
By Lustgarten and Miss Romney.

For the id is the middle of twiddle,
The id is a riddle-me-ree,
And Adler Alf Adler,
The fiddle Freud fadler,
Has addled my ego for me.

Now, switching on his tape-recorder, he listens first to "This is the B.B.C. Light Programme. The Silver Lining", then with a sigh switches over to "record" and addresses the ghost in the familiar phrases of the hypnotist. Nothing happens, however; but when Hoodwink and Plover return and the tape is played back, all three quickly droop to the floor and fall asleep. The little porter now wheels Watercress in on his trolley, goes to switch off the tape but switches it by mistake to "record". He blows an eerie note on a small pipe and a secret door opens in the passage, but before he can wheel the trolley through footsteps are heard so that he has to close the door again and withdraw hastily. Balconer and Terry Mycin appear and wake up Hoodwink and Baffle-Dark, who sees the body on the trolley and assumes he has materialized the ghost after all. The ghost, however, appears to have been not a little porter at all but "some kind of sea-faring man". As he is dead it is decided, after the arrival of Nurse Plastic with Block and MacDrain, that the decent thing will be to bury him at sea. (Balconer's suggestion was "We could put him on my waiting-list and that's the last we'd hear of him"). Money must be raised to buy a boat, so the still sleeping Plover is put under hypnotic compulsion to sell his Rolls Royce and give the money to MacDrain (late of the R.N.V.R.) for this purpose. The curtain falls with Plover leaving in a daze ("I'm going to do a terrible thing, a terrible, terrible thing").

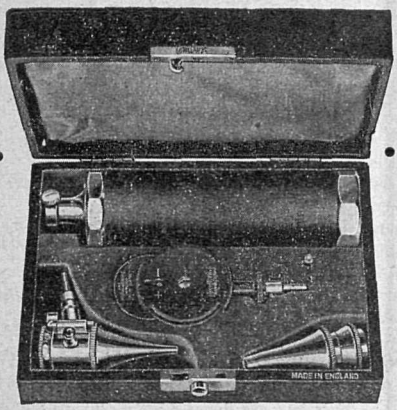
Scene 5 shows Baffle-Dark, MacDrain, Hoodwink, Balconer, Block, Plover, Mycin and Nurse Plastic in the control-room of a submarine (*H 11*), with Watercress in a sack on the floor. MacDrain gives Plover half-a-crown change, then all the consultants retire to get the engines going, leaving Mycin and Nurse Plastic to the love song. On return they attempt to load Watercress into No. 1 torpedo tube, but she won't go in; and when Plover is sent in to clear the obstruction the tube is accidentally discharged by Hoodwink. After expressions of regret at the passing of "poor old Noel", Watercress is now loaded with ease into the tube, but she is not to be committed to the deep until they are well out to sea. Plover soon returns down the conning-tower ladder, dripping wet, and when after various vicissitudes it is judged that they are far enough out for the body to be disposed of they find that some unknown hand among them has already discharged it. This mystery is not resolved before the ship runs aground and an enormous explosion brings Act 1 to an end. This was another first-rate scene, with plenty of action crisply executed and excellent dialogue.

"*Out in the ocean, That's the life for me*".
(*L. to R.: Balconer, MacDrain, Plover, Block, Baffle-Dark.*)

Act 2 opens in the bar of a low dive in Rotherhithe where Poland and Shirty in Teddy boy suits are dancing with a couple of barmaids. Hauntze bursts in clad in sou'wester and oilskins and when Po and Shirty go out to collect the body he has recovered from the river (evidently by a pre-arranged plan) he sings his song:

My God it was boring when I was brought up,
The lungs went phew-phew and the heart went lub-dup,
There were thrills—just a few,
And a murmur or two,
And the heart sometimes got a bit bigger,
But this crude point of view,
So naive, ingenue,
Would make cardiologists snigger.

His, Purkinje, Keith and Flack,
Conduct my heart's impulsive track,
Block aberrant beats which might
Appal Paul Wood or gall Paul White,
Rest my ventricle upon
A Wenckebach's phenomenon,
Austin Flint and Graham Steell
Murmur with my heart's appeal.



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This entry, submitted by Brian Jones, of Brasenose College, Oxford, was awarded the first prize of £100 in The Observer's recent Copywriting Contest for Students.

the Observer observed

SHE (*finally*): . . . *and anyway I detest the Sunday papers.*

HE: So do I. I read The Observer.

SHE (*logically*): *The Observer is a newspaper. It appears on Sundays.*

HE: It looks like a newspaper. But if you mean that it's mere hebdomadal hackery, a professional effusion along party lines, I assure you it's anything but. The Editor reads it on Sunday to see if his writers agree with him. And there's always Paul Jennings.

SHE (*suddenly*): *What about Ken Tynan?*

HE: So you do read it then?

SHE (*resentfully*): *I do not. Only C. A. Lejeune on films and perhaps Richardson on TV.*

HE: Not even the Notebook or the Profile?

SHE (*apologetically*): *Well, yes, and now and then the news, when I get hold of it in the Common Room. The trouble is its circulation seems to have doubled since the war, but our powers-that-be haven't taken in more copies.*

HE: That's precisely why I have one on order. And I can ruminate over it from Sunday to Thursday.

SHE (*pensively*): *But then there's the vac.*

HE: Mother found out about the Cookery article by Syllabub, and someone told Father about the rugger reports, so . . .

Where are you going?

SHE (*decidedly*): *Can you lend me fourpence?*

fourpence every Sunday

Give me heart to overact,
Ejecting through my outflow tract,
Make my patent ductus firmer,
Synchronous with Gibson's murmur.
Let my x and y descent
Flux and reflux represent,
Make my sounds as widely split
As Aubrey Leatham would permit,
Grant a diastolic shock
To stupefy Sir Russell Brock,
Give a parasternal heave
That Terence East would not believe,
Let my wandering pacemaker
Lead astray old Charlie Baker,
Make my P so pulmonale
That it piques poor Raymond Dailey.
Always remember when you're down in the dumps,
Whatever you're dealing with, hearts are trumps.

Po and Shirty return with the body and place it in a cupboard (which is to be labelled *Sherry—Extra Dry* and sent to the Dean's office at Guy's). The entire party from the submarine now arrive, however, and while Po and Shirty conceal themselves at the bar Hauntze buries his face in his oilskins, proclaiming himself in familiar accents to be "just a simple fisherman". The ship's party discover the body in the cupboard and to cover their removal of it *en route* for Guy's Plover is detailed to dance with one of the barmaids. These two fling themselves into a wild rock 'n' roll, as unexpected as it was brilliant, and perhaps the most memorable event in the play. By the time it is over the other seafarers have gone, taking the body, and the scene closes as Po, Shirty and Hauntze, no longer disguised, advance menacingly on the hapless Plover.

The Tallow-Chandler's Retreat.
(*Poland and Shirty with Girls.*)

Act 2, Scene 2, is the Nurses' Sick Room, where Watercress is once more in bed and Hoodwink strives to prevent Sister Marvel from investigating her condition. These two sing an effective song, though it is too long; verses 3 and 4 might with advantage have been cut:

I'm frightened,
Yes, I'm frightened,
My excitement is so heightened
Like a bowstring I've been tightened
Yes, I'm frightened,
Yes, I am.
He's taut,
Overwrought,
He's distraught about the thought
Of this foreshortened sort of porter,
He's taut,
Yes, he is.

Oh, consterantions, perturbations,
Trepidations make me start,
Nauseations, perspirations,
Palpitations shake my heart.

I feel I should mention
That most of this tension
This weak apprehensive
Suspension's pretence.

Yes, I'm nervous
God preserve us,
I've a feeling that I'm reeling,
That I'm walking on the ceiling,
That my blood is fast congealing,
And I'm squealing and appealing,
On the carpet I am kneeling,
Yes, I'm nervous,
Yes, I am.

Baffle-Dark and MacDrain arrive. The former points out that the unknown villain will unquestionably return again for the body and that they must conceal themselves and follow him. Baffle-Dark directs MacDrain under the bed, Hoodwink to "look like a wardrobe", Mycin outside the window to hang on the ledge and himself into the arm-chair behind the screen. Block, Balconer and Nurse Plastic have already been posted as sentries outside. The little porter arrives and takes Watercress away on his trolley, but when the heroes rush after him they find the door locked in their faces. Using Mycin head-first as a battering-ram they break down the door and find that Block, Balconer, Nurse Plastic and the little porter have all vanished.

Act 2, Scene 3, opens as the little porter with Watercress on his trolley blows the eerie note on his pipe to open the secret door in the underground. He takes his trolley through, then Po and Shirty appear, each with a body on a trolley. They discuss how much better it will be for the Hospital and School when they have induced a change of heart in the Ministry and launch into their song (in Western Brothers style):

The Dean of Guy's must always be a man of versatility,
It's all for the good of Guy's,
And on any sub-committee he's renowned for his agility,
It's all for the good of Guy's.
I'm splendid when confronted by a student malefactor,
At diagnosing chest disease no man could be exacter,
But he's slightly less impressive when he's riding on a tractor,
It's all for the good of Guy's.

My successor in a year or two when I come to retire,
Will find that his position is beset with problems dire,
But the really awkward problems it really is no myth
Are mainly diplomatic, so he's sending off forthwith
A cordial invitation to Patricia Hornsby-Smith.

I hear that Dr. Kauntze is going to take a little rest,
He's bought a place in Cornwall, a haven in the West,
A tiny little cottage with roses round the door,
There's only room for Peg and him, you couldn't squeeze in more,
The servants take up all the room, they're twenty on each floor.

The standing of consultants is shown by the cars they use,
The higher is their income the smaller ones they choose,
The petrol situation has hit us all alike,
The big are getting smaller and the small are out of sight,
Now Massie comes by scooter and Douthwaite comes by bike.

Now Brain has got a panacea for every known disease,
There's nothing that he can't remove as neatly as you please.
And who can help admiring the brilliance of his powers,
He'll cut out things at which a poor technician often cowers,
A wart takes half a jiffy, but chicken pox takes hours.

They take their trolleys through the secret door and close it just before Baffle-Dark, Hoodwink, MacDrain and Mycin arrive, the latter carrying Baffle-Dark's tape-recorder. In the search for a clue they decide to play back the recording made of Baffle-Dark's attempt to hypnotize the ghost, while to prevent them all being hypnotized again themselves Baffle-Dark rushes from one to another supplying counter-suggestion. Brilliant acting brought out the very best in this magnificent situation. The tape finally reproduces the eerie whistle from the little porter's pipe and the secret door opens. Another impassioned speech comes from Baffle-Dark against a background of martial music and the curtain falls as the heroes make for the passage.

" *We never thought that when we caught The little porter that it ought to be—*
Sir Russell Block.

(*L. to R.: Block, Mycin, Baffle-Dark, Hoodwink, MacDrain.*)

Act 2, Scene 4, is a cellar below Guy's where Baffle-Dark, Mycin, MacDrain and Hoodwink discover Po and Shirty eating sandwiches. Hauntze arrives with the body of Plover, finds too late that Po and Shirty are not alone, and a tug-of-war ensues with Plover as the rope. With a whirring noise great doors at the back of the cellar slide a little apart, the little porter emerges and is soon revealed as Sir Russell Block:

It is I, Sir Russell Block.

We never thought that when we caught
The little porter that he ought to be
Sir Russell Block.

We always knew that it was true,
That it was you.
What a villain!
What a hero!

He was the porter
I am no porter,
Who was the porter?
The porter was I.
But why, why, why?
They wanted a surgeon,
A cardiac surgeon,
But why, why, why?

Cardiac surgery, cardiac surgery,
Cardiac surgery, gave me the power,
When in the theatre,
I'm a great actor,
Hand me the scalpel,
Hold the retractor,
Give me a hand,
Thoracotomy, mitral valvotomy,
Mean quite a lot to me,
Give me a hand,
This is manslaughter,
You've cut the aorta,
Hand me the sucker,
The sucker, the sucker,
I'll do it myself.

It now emerges that Block has been in the plot with Po, Shirty and Hauntze against the Ministry. Using a powerful new drug they have induced a state of hibernation in seven gentlemen from the Ministry, in Miss Watercress, and also from necessity in Plover, Balconer and Nurse Plastic; the big doors are now opened to their full extent to show an enormous refrigerator with seven bowler-hatted pin-striped gentlemen arranged like sardines on one side and the missing members of the staff on the other. A splendid sight. The idea is that Block will operate on the Ministerial gentlemen and when they have been given a change of heart a great new era will dawn for Guy's with a co-operative Ministry. But as these explanations proceed a flask of the powerful drug in the frig. turns purple, indicating that in 3 minutes there will be a tremendous explosion. Mycin is sent at once to warn those above the cellar, and in Act 2, Scene 5, he arrives breathless in front of the curtain, telling them of the impending disaster and urging them to leave at once. This leads immediately to the final chorus:

Get out of here, get out of here,
Please don't get excited, keep the gangways clear,
Please be calm or you'll be dynamited out of here.

Get out of here, get out of here,
Or down among the dead men you'll be spirited from here,
The play is nearly over, the end is very near.

Get out of here, get out of here,
From trouble in the underground you must disappear,
We want to keep you safe and sound to come another year.

Women and consultants first,
Quickly for we fear the worst,
Before the hibernotic burst,
Quick get out of here.

Finally there is a tremendous explosion and the whole set falls down.

John Hayward and Bernard Mallett are to be congratulated on writing what is perhaps the best Residents' Play in the memory of the reviewer. Apart from a rather slow start and the trick ending, which led to a slow running-down of interest rather than to a satisfactory climax, the plot held attention throughout and the dialogue was always crisp, apt and amusing. A little judicious pruning would have helped, for the show was rather long, running for well over 3 hours. John Williams's production was expert and polished: the whole cast were admirably drilled and most of the scenes had excellent curtains. The music by Peter Drury was very adequate without being as memorable as in some previous years; the playing by Michael Vickers and Peter Drury at the piano and Jack Gibbs with his drums, it need hardly be said, was first class. The songs by Pat Montgomery and Maurice Lessof were good without perhaps showing the wit and felicity of the best of Montgomery; without exception they were put across well, the most effective being the dirge in Act 1 and the Block opera near the end.

" *Get out of here* ! "

(*L. to R.—Front Row : Mycin, Baffle-Dark, Block, Hoodwink, Poland, Sister Marvel, Balconer. Back Row : 2 Ministerial gentlemen, Watercress, MacDrain.*)

The general standard of the acting was extremely high and Trevor Hoskins's Baffle-Dark takes its place among the few great performances which are still discussed years later. This difficult part called for minute observation of the attitudes, gestures and voice of the original; Hoskins had them all and by faultless technique reproduced just the right forceful effervescent personality. It may well be a long time before we see anything as good again. What has become the traditional Resident's Play Hoodwink by Pickering was also in its way outstandingly good: each time he opened his mouth we felt we knew what he was gong to say and how he would say it, and we were seldom disappointed. Daw's Shirty, though played with confidence and authority, somehow just failed to strike the right note; Butler's suave but tough and inscrutable Poland was much more successful. Rigby's Hauntze was an agreeable and recognizable caricature and Green succeeded very well in conveying the stance, gait and forthright speech of MacDrain. Even better was Shannon's Murray Balconer: his voice had just the right accent and pitch and his laugh invariably convulsed the house. There has never been an outstanding Block, though one feels there is material here for a great performance one day; Southcott's portrait was, however, a very adequate likeness. Willis's Plover failed

to convey much feeling of the original, but nevertheless carried off well an important part in the play and his dance was one of the highlights of the evening. Clinton-Jones was a handsome and acceptable hero. Of the women, Griffiths did very well in the difficult part of the heroine; Robinson was a good Sister Marvel; Smith's caricature of Sister Granet's gait was masterly; Holden was unable to bring out very much of Sister O'Tootes ; Baker's Sister Voyd was too solid and severe, but his buxom, slinky rock 'n' rolling barmaid was quite excellent. The supporting cast were uniformly good.

We have come to accept almost without question the efficiency of the extremely complicated technical side of the Residents' Play. Rapid scene-changes, ingenious mechanical and auditory effects, were all managed with ease this year, and great credit is due to the Stage Manager, Bill Whimster, and his deputies. The sets and backcloths were attractive, and effectively lit.

In conclusion it must be pointed out that the minor criticisms offered are only valid when viewed against the very high general standard; this was an extremely good Residents' Play which more than upheld the traditions of that unique and splendid institution.

J.C.H.

The Photographs are by Mr. M. H. Gregory.

CAVEAT ACTOR

The time has come once more when those of note
Are pilloried for all Guy's world to gloat
As residents, adorned with paint, are gay
And call upon us all to watch their play.
The foibles of honoraries grave
Exposed, that student nurses then can rave
Of favourite housemen's roles, and how they played,
Watched by the victim, though quite undismayed.
The night is theirs, consultants can but wait
And if they're ridiculed, accept their fate.

* * * *

For four nights only can they ape their lords
For weeks they'll rue it when they're in the wards.

J.

ANNUAL DENTAL CLINICAL MEETING

The Annual Clinical Meeting of Guy's Hospital Dental School was held on Saturday, 2nd March, 1957, and was well attended by Guy's graduates, undergraduates and visitors.

All the departments of the Dental School helped to demonstrate latest teaching methods, recent advances in operating technique and current research projects. For those especially interested in oral surgery, a number of operations were performed in the theatres, while minor oral surgical procedures were staged in demonstration rooms. In addition to the exhibits of student work, there was an important new departure in the form of an interesting demonstration of students' research work.

The mid-day lecture, under the intriguing title of " Rock around the Gas-room " was given by Dr. W. S. McConnell in his own inimitable style. Another packed audience had their interest in dental medicine stimulated by Professor M. A. Rushton's account of recent cases referred by practitioners.

"FIGURE OF FUN"

"L'audace, l'audace—et toujours l'audace" should perhaps be the motto of the Guy's Theatre Club. This audacity is one of their most endearing and commendable characteristics; they will tackle anything and, if they have a particular preference, it is for difficult and sometimes even for bewildering plays, which they present with panache, aplomb, and a remarkable standard of competence.

Figure of Fun exemplifies this tendency in choice of subject. An insubstantial comedy, it has been not simply translated from the French of André Roussin, but apparently adapted to an English setting which is never convincing. Events and characters in the play which might seem credible and even enjoyably acceptable to an English audience, against the background of Paris, for example goings on in the Métro and the behaviour of a gendarme unofficially commissioned to collect a fine from a matinée idol, become cumulatively improbable when transferred to London, the tube, and a transaction between a West End actor and a London policeman. To these faults of presentation inherent in the adaptation itself, must be added the failure of the play as a whole, whereby after a bright and interesting beginning it breaks its back completely in the middle of the second act and never recovers. In the light of such criticism, every element of pleasure and interest acknowledged by the critic in the performance and production of this play by the Theatre Club themselves, is clearly not only well earned but all the more creditable to the individuals concerned.

The play is about an actor whose stage role mirrors his personality, although he is the only person who cannot recognize this. On stage he plays the part of a brilliant, feckless, immature cartoonist: a public idol, whimsically lovable in his private life (if that sort of thing appeals to you), he impulsively announces his engagement to his mistress, to whom he has never proposed, in the course of a radio interview; only to discern immediately afterwards that she is proposing to leave him. This situation in fact constitutes the first act of the play, and is, in itself, a play within a play, since the stage the audience see is a stage on which the actor and his colleagues are portraying their parts.

The second act takes these people to the hero's home immediately after the performance, where in fact his wife actually has left him, although this time he is the last person present to discover the fact. The problem which has now been adroitly posed is what kind of a man this hero really is, how will he react to the real life problem of his love's departure, and what will be the contrast, if any, between the attitude of an abandoned lover on stage and in real life?

At this point in the play the author throws in his hand, and in effect abandons further responsibility for what happens. The second scene of Act II is devoted to a prolonged and irredeemably tedious monologue by the hero, which turns out to be a dream in which he is justifying himself to a court for the murder of his wife and lover; while the last Act begins with his ruining a matinée of his play the following day by being drunk throughout the performance, and ends with an unashamedly naive piece of cheating, whereby his wife returns, having only pretended to leave him, to see how much he cared.

This type of conclusion is, I feel, more than any audience can reasonably be asked to stand. But as interest in the plot as a whole had been subjected to progressive destruction from midway through the second Act, my ultimate reaction was less one of indignation than of resignation. Beginning with something of a bang, the play had ended with an almost inaudible whimper; or perhaps one might say, an excruciating slobber.

So much for the play; now for the players. The production was slick, efficient and therefore enjoyable. Timing throughout was first class and, as always, not a single one of the characteristic faults of amateur production could be discovered in this highly polished rendering. William Pryse-Phillips, as the hero, had what proved to be an impossible part, which he sustained as long as the author and adaptor left him anything worth sustaining. Richard Lewin as Edgar, the sage but by no means courageous friend and adviser, executed a perfect character sketch. He might well be destined to lampoon a neurological consultant whom in voice and mannerisms he strikingly resembles, in some future Residents' Play.

Both Frankie Arthure as the faithless lover and Sheila Hamilton as Diana, the poet, were delightfully decorative, and had felt their way into their respective parts like a surgeon into his gloves. The parts themselves were just about as thin. The minor characters including Anthony Abrahams as the indefatigable radio inter-

viewer and Christine Osman as the sponging aunt, were also first class. Anthea Adair, making a very late appearance as the returning wife, in a play whose structure had by this time totally collapsed, looked unhappy and deserved a better fate.

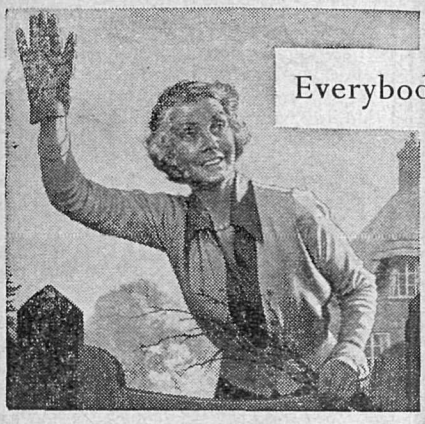
Once again, in enterprise, technique and enthusiasm, the Theatre Club have maintained their reputation. But while Trevor Hoskins must take full credit for an impeccably professional production, he must face indictment for choosing a second rate play. Nevertheless, excursions of this kind, even when they don't come off, are probably preferable to a solid diet of safe melodramas or reliable Rattigans. The décor, by Jeremy Lee-Potter, was agreeably distinguished.

D.S-C.

THE 1957 DENTAL DINNER

The fifty-first annual dinner of the Guy's Hospital Dental Society was held at the Park Lane Hotel on Saturday, 2nd March. The President, Dr. D. J. Anderson, and Mrs Anderson received the guests. The dinner followed a day of intense clinical activity and was appreciated by a large gathering of Guy's graduates with a scattering of guests. After the dinner and the loyal toasts the Right Honourable Lord McNair, the principal guest, proposed the toast of Guy's Hospital and Schools. He explained, as he described himself, the presence of " an ageing Cambridge don " at a dental festivity. He reminded his audience of his many links with Guy's. To some extent these links were missing links as he had left two bits of his anatomy at Guy's at the hands of Mr. Mollison and the late Sir William Arbuthnot Lane. (Another connection is that his brother, Mr. A. J. McNair, is, of course, the Senior Consultant Obstetric Surgeon *Emeritus*.) Lord McNair commented on the splendid dinner and liquid ancillaries. He said that the latter were probably the only welcome sort. Turning to the present position and future prospects he discussed his recent opportunities of learning about the profession while he was engaged on the preparation of what will be known for many years as the McNair report. He said that the country was faced with very serious prospects of a shortage of dentists and that the service rendered to the public was now threatened. He noted the loss of manpower which accompanied the resignation from the service of many men who were permitted to practice under the 1921 Act and whose professional careers are now being terminated by age. He said that the number of entrants must be increased and the profession must do its best to expand. He stressed the essential nature of the service rendered to the community. The dentists were, Lord McNair said, the best recruiting sergeants for their own profession. The financial structure must, he thought, be put right. Salaries were high at first and continued high until there was a ' nose-dive ' in middle age when experience and judgment were at their highest, but when the rate of work had begun to decline. He thought that this was wrong and hoped that the invidious financial situation created by the present arrangements would be corrected. He commented on the national blemish which was caused by lamentable understaffing of the school dental service.

In reply to Lord McNair, Mr. R. E. Rix said that it was a tribute to the Guy's Dental School that there were so many people present that night. The School, he said, was expanding. Seventy years ago there were eight students in all and sixteen dental chairs. Now the School had eighty students in each year with one hundred and seventy dental chairs through which passed one hundred and thirty-seven thousand patients per annum. Mr. Rix pointed out that the School had increased in a series of bulges as space had become available and this was now inadequate and an entirely new dental hospital and school was wanted at Guy's. He drew attention to the work done recently through the generosity of the University Grants Committee, and made special reference to the new Students Club premises. Mr. Rix was glad to report that plans were going ahead for the rebuilding of Guy's. He congratulated Mr. M. A. Kettle on his appointment as part-time Consultant Orthodontist to King's College Hospital and Mr. R. D. Emslie on his election to a readership at Guy's. The great problem at Guy's,



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Mr. Rix said, in closing, was to select the best eighty students per year of the many applicants.

Mr. F. S. Warner in proposing the toast of the visitors said how much this annual function was enjoyed by Guy's men and welcomed the chance that it gave to meet old friends and some new ones. Lord McNair, he said, was a distinguished guest who, in addition to his valuable presidency of the Committee to report on the dental profession, had achieved eminence as President of the International Court of Justice at The Hague. Mr. Warner recalled the Teviot report and hoped that the McNair Report would not find its way into a similar pigeonhole. He welcomed Dr. Lockwood, Vice-Chancellor of the University of London, thanking him for his advice, encouragement and support. Other most welcome guests were Sir Wilfred Fish, present in his dual capacity as Dean of the Faculty of Dental Surgery of the Royal College of Surgeons and as President of the General Dental Council. Also most welcome were Mr. Hooker, President of the British Dental Association, Mr. Cobham, Headmaster of Abingdon School, General Muil, Head of the Army Dental Service, Dr. Senior of the Ministry of Health and Mr. Farrar Brown of the Nuffield Foundation. He drew our attention to the deep debt of gratitude which was felt at Guy's for the activities of the Nuffield Foundation. Mr. Warner mentioned that this was Mr. Farrar Brown's first evening out since a major operation. The Deans and Sub-Deans of several dental schools were welcomed, as was Dr. Logan, Principal of the University of London.

In reply, Dr. D. W. Logan eschewed the use of the microphone andin practised and stentorian tones commented upon his feeling of inadaquacy and feeling of inarticulateness when speaking to dentists. He felt that the slight dominance he held at the moment because of his hold of the floor was liable to be reversed in the near future as his dentist is a Guy's man. Dr. Logan thanked the Society on behalf of the guests for their welcome.

Mr. R. D. Emslie proposing the toast of the President pointed out what a versatile fellow Dr. Anderson is as a physiologist and dentist. A practical exposition of his value, Mr. Emslie said, was the second-hand value of his textbook. He said that the President was a man of some considerable wit and the truth of this statement was evidenced within minutes. Dr. Anderson replying to Mr. Emslie's toast produced what we think must be regarded as a *tour-de-force* as an after-dinner speech. He mentioned the 100 students a year that passed through his department and was at a loss to know where the missing 20 per annum went during the two short years which separated his department from that of Mr. Rix. The feeling of acute anxiety that he now had was familiar. He remembered his first inferior dental block and his first 'gas.' However, he now took comfort, as he did then, from the Guy's motto. He described to the audience amid loud applause the physiological dysfunction that arose from the threat of an after-dinner speech. He emphasized that his audience, sitting placidly back, had their dinners passing uneventfully through their pyloruses churned into the consistency of homogenized baby food. Dr. Anderson said that his, by contrast, was still in the oesophagus—the direction still undecided. He was prepared for fight or flight. It is impossible to give an adequate report of Dr. Anderson's speech which set up a new record. We have never before heard an after-dinner audience calling enthusiastically for a longer speech. This presidential address will, surely, be remembered for many years.

The last speech of the evening was that of the Secretary of the Dental Society, Mr. Gillon, who sustained the high standard that Dr. Anderson and the earlier speakers had set. He mentioned the health of the Society with average attendances at functions this year of 106. He expressed his thanks to the senior staff for their advice and encouragement during the year. This concluded the formal part of the function and the gathering then dispersed around the hotel bars. This was the fourth successive dental dinner attended by your reporter and must be marked as certainly the most enjoyable of an excellent series.

THE ODD ARTICLE (2)

By IXWORTH

I daresay that most of you embryo Physicians have read the late Professor Ryle's lecture on Hyperpiesia, published by the *Gazette* in 1925.

I am taking the trouble to write this note for you, not because I am an expert on "Blood pressure" but because my symptoms differ so much in frequency from those tabulated by Dr. Ryle.

I have never been much impressed with "Blood pressure". I remember in the early Twenties—to be exact 1925, walking down Marylebone Lane with the late Mr. Bellingham-Smith, he was worried about his sister who was ill, "They say she's got blood pressure, all rubbish, umph, they don't know what a normal blood pressure is, umph."

Whether this conversation with Biff, added to the fact that I never had to deal with it, influenced me, but I know from that date I have always thought lightly of it.

I first ran into it in 1953. I found, that after doing two clinical classes I felt so ghastly tired that I could hardly walk to the other side of the Hospital to give a lecture, although once in the theatre, I found the tiredness left me. Afterwards I felt pretty whacked and was glad to fall back in my car and be driven home.

Also my appetite began to fail and I had a feeling of nausea. My wife was now worried and asked why I didn't see a doctor, to which I cleverly replied " Tell a doctor that I am tired? Heavens, they are twice as tired as I am."

And so this wretched Guy's man ' struggled along '. You see, I argued this way, there is nothing organically wrong with me, I am just getting unhealthily tired for no reason whatever, I enjoy my evening meal, after two gin and limes; therefore I am no better than a neurotic film star. When I got home from hospital one day, my wife said " Dr. Fleming is coming to see you. You can't go on like this, being always tired and eating nothing."

Fleming is a Bart's man, but in spite of that, quite a decent bloke. He listened to my story, took my B.P. and said "There's your answer" and asked me to see a cardiac man at the hospital.

The end of it was a month's rest.

That summer I spent a lot of time swimming and thoroughly enjoyed life. A little later in the year, after a long day at the Hospital followed by a late committee meeting, I arrived home, as I thought, just healthily tired and went to bed and slept well.

On waking the next morning I found the left arm and hand had gone phut and the left leg was not under my control.

I got the neurologist to test my reflexes, but I think he had noticed my walk; he took the B.P. without mentioning it, and advised rest. I saw Fleming again, who informed me I had Hypertensive encephalopathy! The trouble with hand and leg soon cleared up but I have had three attacks since with more worrying symptoms. For example, the last time my right side was affected; my speech went wrong; I am unable to write. But what is most distressing to me is that my emotions are so easily aroused. I shed tears at the simplest moving story and instead of grinning quietly at a humorous story I seem to have to laugh aloud. I understand that this condition is mentioned in the psychiatric section of *Conybeare*. Another miserable feature is that the sphincter of the bladder has up to a point been knocked out. I may be sitting in my chair smoking, when without warning I start passing water. So the only thing to do is to "Keep leaving the room". There is no nocturnal frequency at all.

Such then are my symptoms. I may not have told you embryo Physicians anything that you did not already know, but you can see how they differ from Dr. Ryle's list. So far, I do not get headaches, cardiac symptoms, trouble with breathing or throbbing of the heart of which I am conscious. The symptom as regards myself, that I would put definitely at the top of the list is *Fatigue*.

I would impress on you again that I am no authority on B.P. I am just an ordinary person, living in a little house and drinking ordinary beer, in fact, just like 99% of other Guy's men who eventually settle down to earn their own living. He enjoys playing bridge at 1d. per 100 with Mr. and Mrs. Jones next door, who wonder whether they have blood pressure and doesn't Mr. Ixworth think Marilyn Munroe too, too wonderful? Mr. Ixworth does not.

CORRESPONDENCE

Letters to the Editor of the Gazette

Guy's goes West

SIR,—A letter to you under the heading "Guy's goes West" in the *Gazette* of 16th February mentions a remarkable goal kicking feat of one Leonard Stokes in the 'eighties.

In those days Guy's had not reached the high standard of rugby football that was achieved later, and Marshall's classic book on the game, published in 1892, mentions St. Thomas's as the only hospital to be reckoned with in first class company.

This statement is supported by the Hospitals' Cup results, as St. Thomas's won from 1888-97 inclusive.

Immediately after this Guy's were supreme, appearing successfully in 21 out of 25 finals of the next 30 to be played.

In the 'eighties, many of the leading players at the London hospitals played for other clubs, and Stokes gives his club as Blackheath in the lists of international players.

One other goal kicking feat of this player may be of interest to Guy's men.

Marshall records it as follows :—

> "On 19th October, 1878, L. Stokes placed 10 goals out of 11 attempts against Guy's Hospital."

Yours etc.,

F. F. KENNEDY.

107, Old Church Lane,
Stanmore, Middx.

Tobias Smollett

SIR,—With reference to Dr. Barber's article, another contribution which Smollett made to medicine was the editing of William Smellie's three volumes of midwifery cases.

The two men were very great friends, and when Smellie died in 1763, the last volume was left in Smollett's care and was not published until the following year.

Unfortunately, it is not known to what extent the graphic descriptions of the cases are due to the novelist and how much to Smellie's able pen.

Yours etc.,

SEAN O'CONNELL.

Guy's Hospital,
London, S.E.1.

Reference : JOHNSTONE, R. W. (1952), *William Smellie, the Master of British Midwifery*. Livingstone.

The Residents' Ball

SIR,—Through the courtesy of the *Gazette*, we would like to announce that the Residents' Ball will be held on Friday, 3rd May, at the Park Lane Hotel. Dancing to Tommy De Rosa's band will be from 8 p.m. to 2 a.m. The price of a double ticket, including dinner, will be 3 guineas.

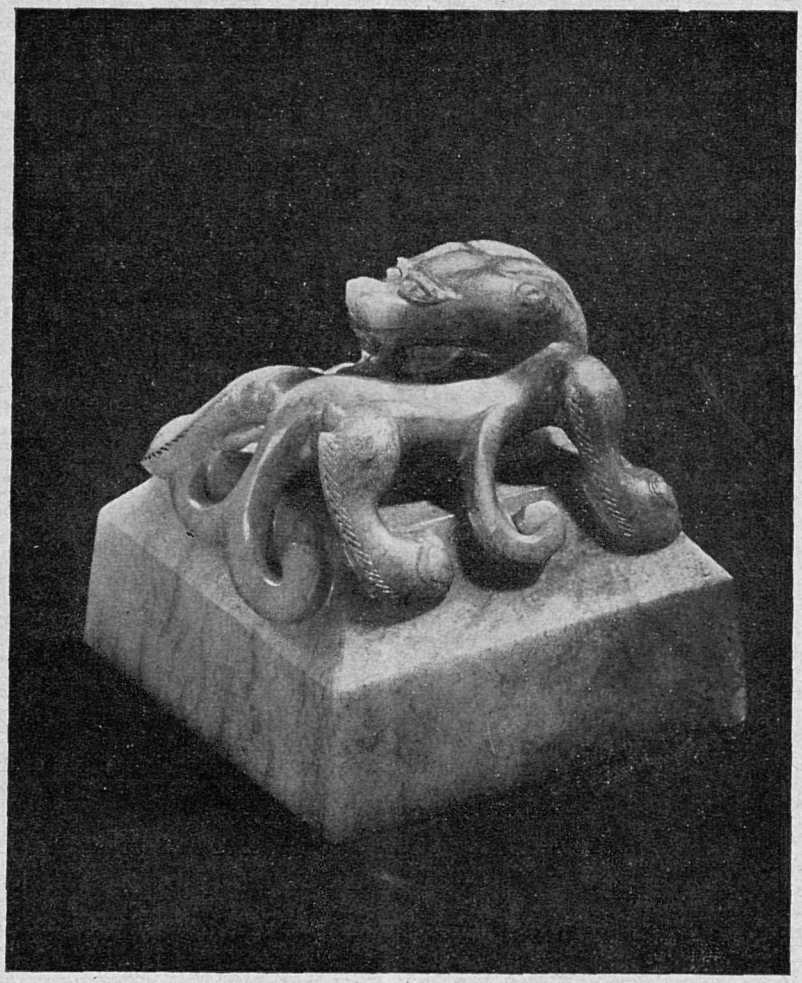
Applications for tickets should be addressed to the undersigned.

Yours etc.,

D. M. SMITH,
M. J. YOUNG.

The College,
Guy's Hospital, S.E.1.

A STUDY IN JADE



Readers will recall that Lord Cunliffe was recently presented with a Ming dynasty Jade figure. This photograph by Mr. Engel of the Medical Illustration Department is, we think, a worthy copy of the original.

REVIEWS

Child Health and Development. By R. W. B. ELLIS. 2nd Edition. 1956, J. & A. Churchill, London. Pp. 525. *Price* 42*s.*

This is the second edition of Ellis's *Child Health and Development* and it is well worth reading. Its first part is on development and the second half is on various social agencies working to help the child. There is an appendix giving a synopsis of legislation and another a summary of normal biological values. R. W. B. Ellis has edited the book and has written a very good introduction and 5 of the 23 chapters.

The first part is a 250-page book of essays on aspects of child development, usually dealt with in paediatric text books but very much better done here. The two chapters by Anna Freud are excellent and how very good too are those by Penrose and by Rix. I would here like to make one or two mildly critical remarks on the section that deals with lactation. If breast feeding is to increase, I think that the interest and support of the husband must be mobilised. A more important point is that it is prevention of prolonged engorgement in the lying-in period, not antenatal expression, that is the essence of Waller's contribution (Blaikley *et al* 1953). And was it not on the 9th day that Simsarian and McLendon (1942)'s baby asked for 11 feeds ? and is it not a high *rate* not high *pressure* of milk ejection that disturbs some babies' swallowing ?

The second part, on social aspects of Child Health starts with an extremely well done review of the development of Child Health Services. From this and the following chapter on existent services, it is so evident that Dr. H. P. Tait has a very wide knowledge of what is now provided and its origins, that I wish he had given us his opinions about them and his dreams and hopes for the future infant and pre-school services. I feel sure he can't mean to imply that we have reached perfection. (Divine discontent does rear its head here and there, which is a very welcome thing, but it is all too rare. Should any doctor, let alone a public health doctor or a teacher, *ever* sound satisfied ?)

Nursery School, Day Nurseries and other variants of Day Care are discussed in various places. In chapters XII, XIII and XIV, the merits and defects of nursery schools, day nurseries and other forms of care deserve a much closer analysis. To say that " the emotional upset to the infant from separation, the relieving of the mother of her responsibilities to her child, the greater risk of infection and the heavy cost of nursery provision, are all *used as* arguments against nurseries ". (my italics) and follow it by the much crisper sentence " Experience of day nurseries shows that they have a positive value " seems to me to be unjudicial. The essential advantages of the nursery *school* over the day nursery is not brought out. What deserve wide notice are the Edinburgh Toddlers' playgrounds and other admirable forms of helping mothers without harming children.

I think we may later look back with some regret on some of our present welfare work for children. I wonder whether, nowadays, with reasonably full employment, school meals for children at infant and primary schools are not on the whole a bad thing because they diminish the part the mother plays in bringing up her child. And perhaps it is not only the child who may in the long run suffer. In Stoke-on-Trent, where there is much " female labour " a woman was asked if she would take in her recently widowed mother ; her answer was " Why should I do anything for my mother, she never did anything for us when we were kids, she was always out at work ".

The merit of the book is enhanced by the references to good original work and other further readings.

This is a good book for undergraduates to know about and for paediatricians in training to know well. General practitioners, paediatricians and public health service doctors would all get enjoyment and considerable benefit from reading this even if, because of reading it, they missed the *Lancet* and the *B.M.J* for several weeks.

R.C.M.

BLAIKLEY, J., CLARK, S., MAC KEITH, R., and OGDEN, KATHLEEN M. (1953). *J. Obstet. Gynaec.* 100, 657.

SIMSARIAN, F. P., and MCLENDON, P. A (1942) *J. Pediat.*, 20, 93.

Cardiology. By WILLIAM EVANS, M.D., F.R.C.P. 2nd Edition. Butterworth & Co., 1956. *Price* 92*s*. 6*d*.

This second edition of Dr. William Evans's textbook on cardio-vascular diseases appears eight years after the first. In that time new knowledge and the need to attain the higher accuracy of diagnosis dictated by the development of cardiac surgery have caused the author nearly to double the size of the book.

The whole field of cardiology is covered adequately for the needs of all but the specialist, and the book is stated to be intended chiefly for students. No common condition or important topic is missing and many rarities and more abstruse subjects are most skilfully dealt with in suitably short notes. In addition to the conventional subjects there is a very welcome final chapter on " some other aspects of heart disease " in which much good advice is given about the social and legal aspects of heart disease and on the avoidance of " unwarranted cardiac invalidism ". So valuable is this chapter that it would seem to warrant a more prominent place than the end of the book. Anybody familiar with Dr. Evans's writing will recognize once again his pleasing, lucid style, clearly conveying his opinions in a most readable fashion and marred only occasionally by odd obscurities of phraseology. The book is magnificently produced on fine art paper and is lavishly illustrated with half-tone blocks of X-rays, electrocardiograms, phono-cardiograms, etc.

As a textbook for students, however, this work suffers from being not so much Dr. Evans's book in Cardiology as a book on Dr. Evans's Cardiology. It is everywhere dogmatic, which may be helpful to the overworked student, but the opinions expressed are rather too often contrary to those which are generally accepted. One cannot, of course, quarrel with an author setting down what he believes to be true, but when these views are unorthodox they are best directed to his colleagues, who are in a position to assess their validity, rather than to the beginner who may be thereby confused and even misled. A few examples may serve to illustrate this point. Dr. Evans uses throughout the CR leads (rather than the almost universally accepted V leads) and his reasons for so doing will not satisfy many cardiologists ; also in the field of electrocardiography many will disagree with his interpretations and nomenclature in relation to coronary artery disease. Probably even fewer will agree with his vigorous condemnation of anti-coagulants in the treatment of myocardial infarction. In this connection mention must be made of a remarkable diagram which indicates that many drugs are not only ineffective but produce even *less improvement* than a placebo. Many will feel that the indications for surgery are unduly restricted and that the hazards and disadvantages of resection for co-arctation are exaggerated in relation to the natural prognosis of the condition. For Fallot's Tetralogy (here called Fallot syndrome) only the Blalock-Taussig operation is specifically mentioned and even that is found wanting in the balance. The section on Fallot's Tetralogy also contains a startling error where it is stated that " cardiac catherization . . . shows a natural right ventricular pressure . . ." ; the same error is contained in fig. 44 which illustrates diagramatically cardiac catheterization findings in various conditions. The same figure contains other similar errors.

In the final analysis it is doubtful if many undergraduates will want to spend nearly £5 on a textbook of cardiology ; this price is no doubt largely necessary to cover the cost of the lavish illustrations, some of which could be deleted without serious loss.

D.C.D.

SPORT

RUGBY FOOTBALL

Guy's *v*. London Welsh

At H.O.P.

2nd March, 1957

Won 6-3

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in which the back row were much in evidence. In the line-outs the Welsh had a slight edge and this was, in no small way, due to H. C. Meredith who played a " blinder " against his old hospital side. Outside the scrum the ball was thrown about with gay abandon. The halves combined very well and got the line moving quickly, consequently the gaps appeared and some incisive running was seen in the centre and on the wings.

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Saturday, 2nd March, 1957

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Team, in the order of Running.

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	15.01	A. N. Other
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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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Reinhold, John. Heart Disease in Infancy. *Med. Pr.*, 1957, **237**, 183.

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LESTER.—On 6th March, 1957, at 535, Lordship Lane, London, S.E.22, to Brenda (née Belsey, S.R.N.), wife of Higham Lester, L.D.S.R.C.S., a son (Simon John) a brother for Katherine.

McKENDRICK.—On 27th February, 1957, to Annette (née Milner), wife of William McKendrick, M.R.C.S., L.R.C.P., a son (Geoffrey William Alistair).

PALMER.—On 21st February, 1957, at Stepping Hill Hospital, Stockport, to Shirley (née Oates), wife of F./O. David Palmer, a son (Guy David).

ROBERTS.—On 3rd March, 1957, to Jean (née Carey, S.R.N.), wife of Derek Roberts, a son (Timothy Guy).

TROUNCE.—On 10th February, 1957, at Farnborough Hospital to Ruth and John Trounce a son (James Michael), a brother for Stephen and Gillian.

WOLFSON.—On 17th February, 1957, at Dudley Road Hospital, Birmingham, to Nancy (née Eschelbacher, S.R.N.), wife of L. J. Wolfson, F.F.A., R.C.S., a third daughter, Barbara Hilary.

WURR.—On 2nd March, 1957, to Anne (née Tunnicliffe, S.R.N.), wife of John Wurr, M.A., D.I.C., a daughter Chloë, a sister for Juliet and Lucienne.

EDS. { P.S.B. T.W.H.

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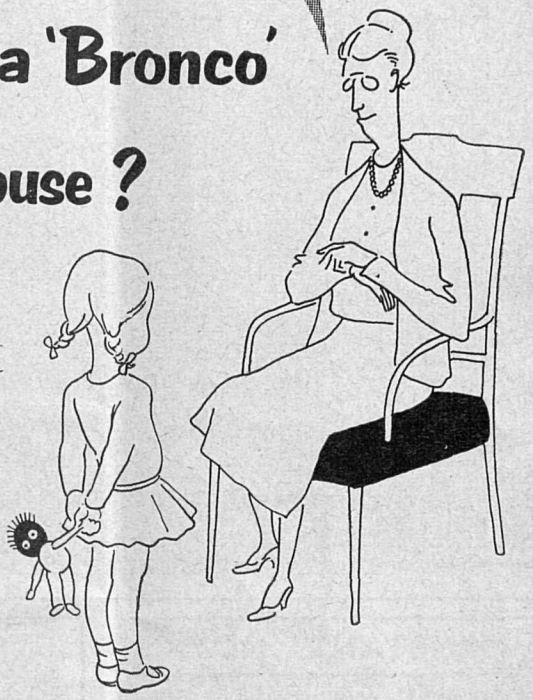

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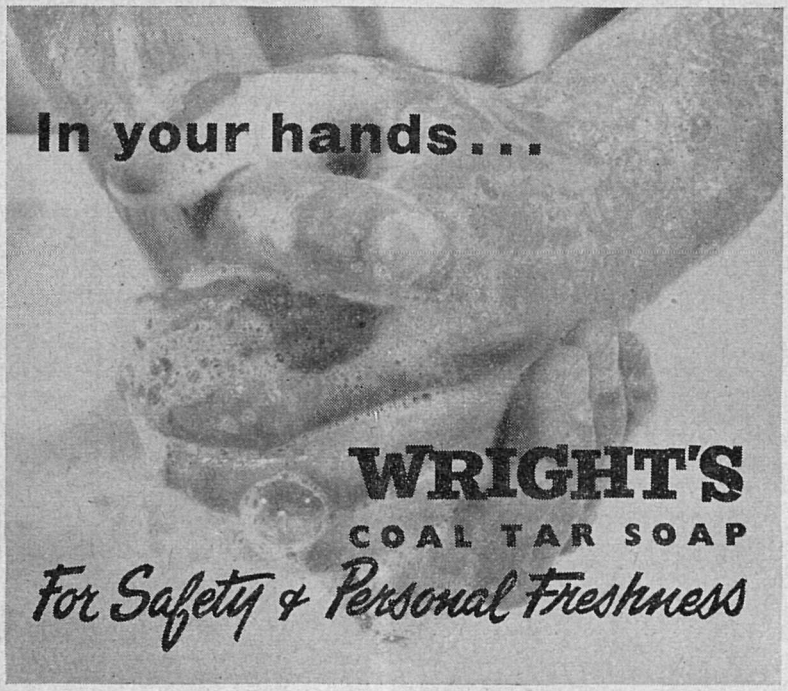

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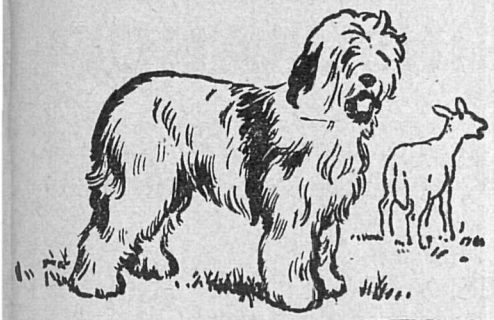

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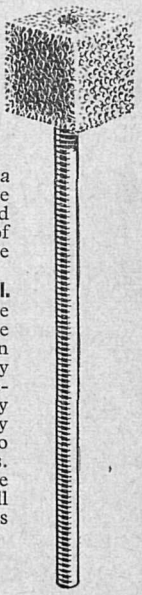

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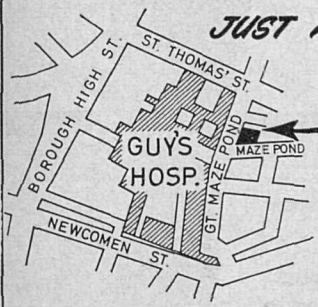

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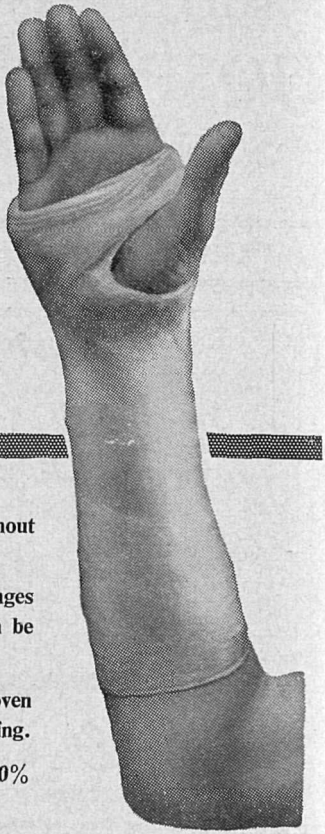

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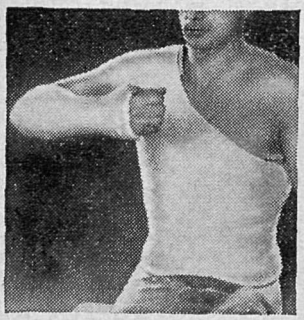

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1792 30*th March* 1957 *One Shilling*

PASSIM

Escape from turmoil

DURING the last few months we have seen the thread of medical dissatisfaction woven more closely into the dreary-hued tapestry of national discord. Doctors and dentists have joined the varied ranks of people who have in common only their expressed claim to a higher standard of living. The past fortnight has been marked by a crescendo of threats, plans and unrest which has affected men and women of every stratum.

It is, we are sure, characteristic of our times that the danger of a railway strike was averted by a rapid wage award while arbitration has been offered by the government to the engineers. Doctors on the other hand have not suggested a strike and consequently are refused their claim to arbitration and must remain content with the Royal Commission which has, *mirabile dictu*, already met. We expect that the 10 per cent rise in the salaries of junior hospital staff will help to restore the morale of the profession. It is, of course, a welcome gesture and we hope that it may be a good omen for the rest whose requests lie in the shaded recesses of 'pending' trays in Whitehall and Savile Row.

Everyone knows that the real epicentre of discontent is the problem of general practitioners' remuneration. Absolutely nothing has, so far, been done about this. Therefore, the General Medical Services Committee has placed its plan for phased withdrawal from the service before the profession and the public. It now seems certain that nothing but decisive action by the Minister of Health can prevent the resignations which are arranged to start in October. It is a tragedy that such a severe threat to the N.H.S. should be approaching. There is wide appreciation of the fact that medical care in a country as harassed and tax-bound as Britain can only be feasible if it is subsidized. And, since the poverty of the country is largely induced by crippling taxation, it is some slight consolation to the taxpayer to know that a small part of his payments go towards the maintenance of the national health.

We hope that when action comes, all Guy's men and women will act entirely in accordance with their professional and social consciences. The moral obligation which the profession bears to the community is one that must be guarded. Nobody must ever be able to accuse doctors of any failure in their service to the public. No attempt to impose the will of any committee upon individuals can be allowed. If any doctors do not want to withdraw from the N.H.S., they must be allowed to stand by their decision without duress. It must be emphazised, whatever happens, by our leaders that

we cannot now be bound to associate the concept of public service with that of poorly paid thraldom in governmental employment.

One effect that the present emergency has provided has been an enormous increase in the flow of doctors from this country to places such as Canada, Australia and the U.S.A. It is, of course, true that Britain has always been an exporting country for trained professional men. That is a matter for approval. What is abysmally sad is that the reason for emigration is not the former one of a wish for adventure but a new and sinister cause—disillusion. It is heartrending to those who care anything for this country to hear of well qualified men who must leave Britain to find independence and a reasonable prospect of happiness for their children.

It is striking that the men who have left here in the last few years have not been failures. On the contrary among their number has been a high proportion of those who show that divine discontent for the *status quo* which marks the first steps towards genius. Such men are fine gains for their new countries. We think that the people of this country should realize that the men who are now being lost cannot readily be replaced. Our emigrants are the better for going to their new surroundings which, in turn, gain immeasureably for having them. It must be emphasized that with every doctor who goes abroad Britain is one doctor the poorer. We hope that this is realized by the public.

When a survey of Guy's medical emigrants was made recently some startling facts emerged. Not the least significant of these was that, of men qualified for four or five years, ten per cent of some groups have already left the country and nearly twenty per cent of others. It can safely be assumed that there are many more whose plans only await the stimulus of a failure to settle the present dispute. Britain is likely to become short of medical men of the right type if the present melancholy trend of governmental interference, penal taxation and financial and social frustration is allowed to continue.

We hope that the dispute that now exists can be settled without further delay and political machinations. We know that if justice is not done to the doctors and dentists of Britain, there will be an even more dramatic increase in the rate of emigration. The authorities have come to rely on a high quality of medical service maintained by intense competition in the face of a surfeit of applicants. It will be too late to improve conditions in Britain when many of our best men have gone to find professional freedom and adequate reward in other countries.

We are, at Guy's, enjoying our annual array of spring flowers as the window boxes around the Hospital bear their blooms. This year a new and most attractive departure from custom has been made. Window boxes of daffodils have been put on the ledges all the way down the Guy's side of St. Thomas's Street. This has, without question, served to brighten the somewhat undistinguished houses which usually seem unattractive when compared to the Georgian property on the other side of the road. We congratulate the Guild of Ex-Patients on their work in helping to brighten not only Guy's itself, but also the approaches to the Hospital.

For some two years the Endocrine Department has been holding a series of excellent case demonstrations on Monday evenings. These are fast becoming an institution, so that we wonder whether the Department might not now save a small but definite item of Hospital expenditure in their method of publicizing the demonstrations. When we are subjected to so many frustrations in the name of economy, it is no wonder that eyebrows are sometimes raised at the piles of quarto notices in foolscap envelopes which are sent out to residents and registrars almost monthly. The demonstrations are held at the same time and place each week, and the subjects are always announced in the *Gazette* in Guy's Diary, and on many prominent notice boards. Surely the stationery and secretarial time involved in circularizing the junior medical staff and residents could now be saved without any falling off of attendance.

We are sorry, yet very proud to report that the Provost of Southwark, The Ven. H. E. Ashdown, is to relinquish his appointment as " Consulting Chaplain " to Guy's on his elevation to the episcopate. He is to be Bishop of Newcastle and will be consecrated on 1st May at York Minster. He has always been a staunch friend of the hospital and we will miss his friendly counsel.

He is to make his last official visit to Guy's on Sunday, 7th April, when he will preach at 10.45 a.m. and dedicate some new silver altar candlesticks.

We note with interest the letter from the Clerk to the Governors on page 149. He emphasizes the repeated attempts that have been made by the Hospital authorities to capture the Great Maze Pond for Guy's. All who have struggled in vain with physical signs under a sonic barrage from the street will wish the Governors well in their continued efforts.

We have received a letter from Dr. E. E. Clapham of Murupara, Rotorua, New Zealand, who offers most kindly to give information on conditions of practice in New Zealand to any Guy's man who may be interested. Dr. Clapham's offer will, we hope, be taken up by anybody from Guy's who is thinking of going to that delightful and most British of Dominions.

In the pages of the *Gazette* during the last year we have had a succession of generous offers from Guy's men in various parts of the world to help anyone who might be interested in their own particular areas. We hope that these offers of help are being accepted as there must surely be at present a record emigration rate.

In his account of the traditional battle preceding the final round of the Hospitals Cup, the *Times* reporter this year has deviated sharply from his usual tone of amused tolerance. " It was not an edifying example of courtesy ", he says, " to see paying spectators, both male and female, drenched from head to foot in blue dye. It is to be hoped that . . . childish things will have been put away next time, and a greater sense of responsibility shown by those who, after all, will be

cutting up that self-same public in a few years' time ". A humiliating rebuke which has fortunately never been needed when Guy's has been in the final. It is a reminder that the proverbial high spirits of the London medical student only meet with the goodwill of the public whilst they remain within the bounds of common sense and decency.

We draw the attention of our readers to the announcement on page 148 of the 1957 Art Exhibition which will be open from the 13th to 25th May inclusive. All members of the Hospital may participate and we hope that there will be plenty of contributions. Each person's entry will, however, be restricted to three items. Contributions should be delivered to the Medical Illustration Department between the 1st to the 10th May prepared for 'hanging'. We hope that this honoured Guy's occasion will be a success and that it may happen somewhat more regularly in the years to come.

We congratulate the Hockey Club on their splendid victory in the Hospitals' Cup Final.

We would like again to draw the attention of our readers to the fact that the 1957 Directory is now available. We would urge all those subscribers who returned the post cards issued in the *Gazette* some time ago to claim their copies. They should send a remittance of 10/6 to cover cost and postage.

GUY'S DIARY

APRIL			**Exhibition.** Department of Surgery. *The Hip.* Gordon Museum. *Some Recent Brain and Spinal Cord Specimens.*
1st	M	1.00	Mr. F. W. Law. Clinical Lecture. *Modern Trends in the Diagnosis and Treatment of Glaucoma.*
2nd	T	5.00	Department of Child Health. Guest Lecture. Dr. Alexander Nadas, Assistant Professor of Paediatrics, Harvard Medical School. *Complete Auriculo-Ventricular Block in Children.* Physiology Theatre.
4th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *The Surgery of Peptic Ulceration.*
		5.00	X-ray Meeting. Medical X-ray Department.
6th	S		Rugby 1st XV *v.* Old Merchant Taylors (Croxley Green).
8th	M	1.00	Sir Russell Brock. Clinical Lecture. *Pleural Empyema.*
9th	T	1.00	Dr. J. D. Dow. Clinical Lecture. *The Radiological Investigation of the Bilary Tract.*
10th	W	4.45	Science Club. Mr. A. C. Kerr. *Some Observations on the Regulation of Salivary Secretion in Man.* (Tea 4.30 p.m.)
11th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture. *Hernia in Children.*
		5.00	Mr. Murray Falconer. Neurosurgical Demonstration.
		5.00	X-ray Meeting. Medical X-ray Department.
		5.30	Pupils' Physical Society. Glinical Meeting. Preclinical Classroom
12th	F	1.00	Dr. H. E. Holling for Dr. R. T. Grant. Clinical Lecture. *Von Gierke's Disease.*
13th	S	10.00	Departmental Round. Mr. A. Dickson Wright (St. Mary's Hospital). Clinical Theatre.
15th	M	1.00	Mr. T. L. T. Lewis. Clinical Lecture. *The Uses and dangers of X-rays in Pregnancy.*

RIPOSTE FROM COS

Laugh, then, since 'twas not your fate,
As servant of a wiser state,
To be expected to defend,
The use of threats to gain an end.—T.C.

OBITUARY

ALLEN COULTER HANCOCK

M.C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.P.M.

We record with deep regret the death in Guy's Hospital on 21st February of Dr. A. C. Hancock, at the age of 69. Dr. Hancock played a very prominent part in the activities of Guy's where he entered as a student in 1907. He played rugby and cricket and was a batsman of considerable merit. His exploits, while playing for the Guy's XI, are enshrined in the pages of the *Gazette* of the years before the first war. He was also a boxing Blue and won the Inter-Hospitals' championship in 1910.

He qualified in 1913 and soon afterwards entered the L.C.C. mental hospital service. In 1914 he joined the R.A.M.C. and served with distinction until he was demobilized with the rank of Major in 1920. During his time in the army he served on the Western Front, was awarded the M.C. with two bars for bravery and was twice mentioned in despatches.

After the war he returned to the practise of psychiatry, working at Bexley and Horton hospitals until he was appointed Medical Superintendent of the Kent County Mental Hospital at Maidstone in 1928. Soon afterwards he was appointed Honorary Physician to the West Kent General Hospital. During the rest of his career he remained at Maidstone and played a very important part in the development of his hospital. Among his particular interests were the training of doctors and nurses in mental work and the provision of improved treatments and facilities for his patients. He published several papers on his subject in the journals.

Some years ago he retired and went back to live in his native Cornwall. In his later years he continued to take an active interest in his old hospital and undertook a certain amount of work on behalf of the Board of Control. In his retirement to a quiet village where there was no resident doctor he was often called upon to advise his neighbours. We offer our sincere sympathy to his family in their loss.

Thirty Years Ago

From Guy's Hospital Gazette, 26th March, 1927.

On Wednesday, March 16th, we travelled down to Richmond and saw the Rugger XV bring home the Cup for the twenty-second time. The game was preceded, as usual, by the attempts of some hundred odd students, dressed in every variety of so-called "fancy costumes"—for the most part very unoriginal and in most cases not at all becoming to those wearers—to persuade King's to attack our milk churn. After about twenty minutes the rag absolutely failed as such, and we wonder when Guy's men will go down to the Cup Final as their normal selves rather than as ill-dressed hooligans. We feel that the matter of dress needs more stringent supervision by those who control the men on these occasions. While rather deploring the exhibition of the "raggers" on the field at Richmond—we would draw their attention to a letter published in this number [complaining that some 80 Guy's spectators climbed over the wall and refused to pay]—we must congratulate them on establishing a record collection for the Hospital in Town before they went down to Richmond. The almost incredible amount of £609 12*s.* 3*d.* was obtained in the space of three hours, which speaks well for the pertinacity of those collecting who could obtain so many "thick 'uns" from the unsuspecting and unprepared public.

THE RESIDENTS' BALL, 1957

The Residents' Ball will be held in the Park Lane Hotel, on Friday, 3rd May, from 8 p.m. until 2 a.m. Dancing to Tommy de Rosa and his Band. Tickets (including dinner) 3 guineas, from M. J. Young or D. M. Smith, c/o The College.

CLINICAL SIGNIFICANCE OF THE SERUM TESTS FOR SYPHILIS

A Clinical Lecture delivered at Guy's Hospital on 12th November, 1956

By A. GRIMBLE, M.D., M.R.C.P.

SINCE this year is the fiftieth anniversary of the publication of Wassermann's work on a serum test for syphilis, it is a fitting moment, I think, for us to look at the subject from today's perspective.

The importance of the serum tests in the evolution of our knowledge of syphilis cannot be exaggerated. But equally, today, when we are confronted with this disease, which is now so much less florid in its manifestations and less common, the Wassermann reaction (or WR) can be of the greatest assistance to us as practitioners.

The Wassermann reaction makes use of a "tissue extract" as antigen. It was soon shown to be a test which, in fact, did not reveal the presence of true syphilitic antibody. The pseudo-antibody whose presence it demonstrates is known as "reagin". A large number of tests were subsequently evolved making use of either complement fixation or precipitation techniques. At the same time improvements were made upon the original tissue antigens used in the procedures.

In recent years methods of serum testing have been elaborated making use of the *Treponema pallidum* or its products. The pioneer work was done by Nelson and Mayer, and their results on the Treponeme immobilisation test were published in 1949. For the moment I shall say no more about them, but confine my remarks to the WR and allied procedures, which are known as the serum tests for syphilis (abbreviated STS).

The results of the serum tests run parallel to the clinical manifestations of syphilis. But we must be clear in our minds about these standard diagnostic tests, since they may give positive responses in the absence of syphilis in both man and animals. Therefore, in spite of the high degree of efficiency of the WR for the diagnoses of syphilis, it should not be overrated at the expense of the clinical history and examination.

Serum Tests Employing "Tissue" Antigens

Wasserman Complement Fixation.
Cardiolipin Complement Fixation.
Kahn (Standard) Flocculation.
Price's Precipitation.

Others employed elsewhere:
Eagle, Hinton, Kolmer, Kline, Mazzini, V.D.R.L. slide.

Serum Tests Employing Antigens of Treponema Pallidum

T. pallidum Immobilisation (TPI).

Others employed elsewhere or in research:

T. p. Immune-Adherence, T. p. Agglutination, T. p. Complement Fixation.

In the serodiagnosis of syphilis at Guy's we use the standard WR and Kahn reaction. The Wassermann reaction makes use of a complement fixation technique, and has relative greater specificity as a test, the Kahn reaction a flocculation technique, and is usually the more sensitive. As physicians we must appreciate this because an over-sensitive test, for example, will tend on this account to give us positive reactions where they should be negative.

A word about the natural history : When a patient is infected with syphilis there is for some weeks no clinical or serological evidence of disease. In three or

four weeks a chancre may appear. At first the serum tests are negative; but a week or two after the appearance of the chancre the standard tests become positive.

In about two or three months after infection secondary syphilis may develop. At this time all the serum tests are positive. The lesions of secondary syphilis may disappear spontaneously, and either signs of late syphilis become manifest or a period known as latency ensues. For a number of years the serum tests remain positive; but later on some may become negative spontaneously, whether any damage has been done or not.

Many patients continue to have positive serum tests for the remainder of their lives, with or without evidence of systemic syphilis.

Let us look closer at the principal serological patterns which we find in this disease. You can trace how the amount of reagin in the blood increases slowly, and in the first week of the primary stage a large proportion of tests will be negative. After the secondary stage the infection may take various clinical and serological courses. Some cases may cure spontaneously, the reagin disappearing along with the disease, many cases eventually may become latent (that is, they have no clinical signs or symptoms of disease). Some of this latter group remain latent, others explode into fresh activity, and yet others slowly develop their chronic visceral manifestations.

As you can see the serological pattern is variable; but where there is much activity there will nearly always be readily detectable reagin.

Risking dogmatism, let me make a few generalizations. Firstly, in the early stages of primary syphilis the diagnosis must be made by finding the *Treponema pallidum*. The WR will be negative. Secondly, the highest positive efficiency of these serum tests, in diagnosis, occurs in the secondary stage and for the ensuing period of about six months. Thirdly, we should note that in visceral, peripheral, cutaneous or neurosyphilis the WR will be positive in from 80 to 95 per cent. of cases.

Lastly, in congenital syphilis the WR will be most useful in the early stages, and may be negative from late childhood; it may be negative if the infant is within the incubation of the disease; it may be positive through passive transfer.

Let us look briefly at the other side of the problem, when the diagnosis of late syphilis has to be made in the presence of a negative serum test. This situation was commoner when the serum tests were less sensitive than they are today. And of course it has always depended on the clinical acumen of the physician. Nowadays, when one suspects that such a situation exists one can employ one or two other tests or a battery of tests, a list of which we have already seen. The main significance of a negative serum test, in the presence of a diagnosis of late syphilis, is that the infection must be presumed to have relatively little activity. Seronegative late syphilis is commoner in the central nervous system than elsewhere. Whether, as is often supposed, this means that the infection is "burnt out" is hard to be sure of in every case. For this reason, I think that these patients deserve treatment and observation.

ILLUSTRATIVE CASE HISTORY—1
Sero-negative Neuro-Syphilis

(*Meningovascular, Congenital*)

A male patient, aged 27 years, attended in February 1948 with bilateral IIIrd cranial nerve palsy. STS and CSF were negative. He was treated with Arsenic, Bismuth and Penicillin; the penicillin therapy was repeated in December 1949, at which time diplopia was still noted by the patient when he became tired. In other respects he was considered healthy. In August 1950 the patient complained of fits. The STS were negative. He was placed under observation, but did not re-attend until October 1953. The epileptic attacks were considered to be due to scarring. Residual, abnormal neurological signs were, absent pupillary light reflex and absent left knee jerk. There was still slight diplopia. The STS were negative when last seen.

There are certain instances of seropositivity, which one meets with in practice, that are worth discussing in more detail.

What for instance is the significance of a positive WR in the absence of all signs and symptoms of syphilis?

When due to syphilis the condition is known as latent syphilis, and it appears to carry a definite risk for the health of that patient, and is therefore worth treating. The diagnosis entails consideration of non-syphilitic reactions, or biological false positives, as they are sometimes called. We will discuss this later.

Pregnancy is another instance in which the results of the serum tests may be particularly difficult to interpret. Although few of us can expect to see a pregnant woman in England with signs of early syphilis, and not many of us one with signs of a late syphilitic syndrome (of acquired or congenital origin), it is in the more

likely occurrence of a positive WR and Kahn reaction in an otherwise healthy pregnant woman that ones difficulties arise. Again, the problem is connected with that of non-syphilitic reactions, which we will come to in a moment.

I do not think that pregnancy in itself is ever a direct cause of a positive WR. But I agree that it is theoretically possible, owing to the lipoid changes in the woman's blood. To what extent syphilis may be re-activated in the female by her pregnancy is less clear.

The answer is, I think, *never* in a properly treated patient. It has been shown that there is no optimal moment during a pregnancy for performing the WR and Kahn. I think that this fact is against the possibility that pregnancy habitually re-activates the disease.

A further question connected with pregnancy is that of the passive transfer of reagin via the placenta from mother to fœtus.

In certain circumstances the new-born infant may be perfectly healthy at the time of having a positive WR. The half-life of this passively transferred reagin is said to be 32 days. It is wise in a case of this sort to keep the infant under close observation until one is sure of a falling titre in the serum tests, and to follow the infant for at least three months. Little need be said of the unusual method of contracting the disease by means of transfused blood. It is, however, advisable to test the donor's serum using a sensitive reaction such as the Kahn.

In late congenital syphilis we have an example of the type of syphilitic lesion, which may become active whatever the state of the serum tests. Interstitial keratitis is most commonly seen in late childhood and in the presence of a positive WR. But the lesion often occurs with a negative one, and may become active in spite of quite extensive therapy.

The last of these special instances, to which I wish to draw your attention, is more important to the syphilologist.

In late and in latent syphilis (both acquired and congenital), and in cases of non-syphilitic reaction, you may meet with difficult or conflicting serological patterns. To take an example, a patient may present with a positive WR and a negative Kahn reaction (an unexpected combination in itself), which, when repeated, may be positive in both WR and Kahn or negative in both, and it may vary from month to month. Treated late syphilis not infrequently presents a fluctuating serological pattern. This is of no special significance. Constant discord between the results of the various serum tests, therefore, may indicate: a late and rather inactive syphilitic state (either acquired or congenital), a case of syphilis that has received some treatment, or it may be due to a non-syphilitic reaction.

ILLUSTRATIVE CASE HISTORY—2
Fluctuating STS
(Latent Syphilis)

A male patient, aged 28 years, attended in March 1949 with strongly positive STS. Physical examination was negative, and he received 12.0 mega units of penicillin. The follow-up was as follows:—

August 1949. STS one + (WR and Kahn).
May 1950. WR negative (Kahn one +).
December 1950. STS three +, the CSF was examined and found to be normal.
March 1951. STS one +.
July 1951. WR one +, Kahn three +, physical examination still negative.
December 1951. WR negative (Kahn two +).
February 1952. STS negative.
May 1952. WR one + (Kahn three +), physically healthy and discharged.

Treatment will alter markedly the clinical course and serological pattern of syphilis. Treatment given at the outset will make it unlikely that the serum tests will ever become positive. If treatment is begun in the early seropositive stages the test will become negative in a successfully treated case in nearly all instances; in a primary syphilis within six to nine months, and in a secondary syphilis within twelve to eighteen months. Treatment after the early stages has a variable effect.

The pattern of the serum tests after treatment for early syphilis is therefore, in the majority of cases, a relatively accurate guide to the position of infection in the patient.

In late syphilis, congenital or acquired, with a strongly positive WR, it is unlikely that treatment will result in a dramatic fall in reagin titre. And it is wise in a case of this type to remember the old adage " treat the patient and not his WR " It has been demonstrated with small numbers of patients, that further therapy in cases in which the WR remains persistently and strongly positive after initial treatment, does not promote a return to the seronegative state. Nevertheless, it is

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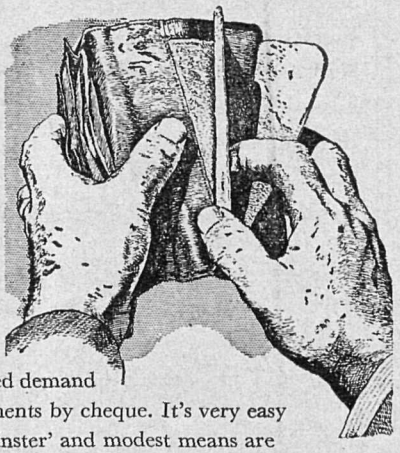

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always possible that a high level of reagin may reflect active infection in the individua patient, and it is, therefore, advisable to make sure that he or she remains healthy by keeping a close eye on the patient for a year or two, at least.

This state of persistent seropositivity, in spite of treatment, has been called sero-resistence. It is thought to be due to a fixed metabolic state of the body, and not to be an expression of the presence of the Treponema pallidum.

It is interesting to note that the reagin in primary syphilis is not quite the same as that in late syphilis, the former consisting of gamma-globulins, the latter either beta- or a mixture containing beta-globulins.

ILLUSTRATIVE CASE HISTORY—3
Sero-resistence without complications

A male patient, aged 52 years, attended with Secondary Syphilis in January 1948. He was treated with Arsenic and Bismuth, and Penicillin was administered in June 1948. The STS remained three +.

In November 1949 the STS were unchanged. Physical examination and CSF were normal.

In February 1950 there was no change, and the patient did not return.

ILLUSTRATIVE CASE HISTORY—4
Apparent sero-resistence followed by sero-negativity and subsequent sero-relapse with complications

A male patient, aged 39 years, attended in July 1943 with a genital chancre. The STS were strongly positive, and he received Arsenic, Bismuth and Penicillin therapy at intervals to 1947.

In 1947 the STS was unchanged; the CSF was normal. Further Penicillin was administered.

In December 1948 the STS were negative.

In February 1949 the patient complained of headaches. Both ankle jerks were absent, likewise the right knee jerk. The STS were negative.

The patient returned in January 1951. He felt well. The STS were strongly positive.

In January 1956 the patient suffered epileptic attacks. Physical signs were unchanged. EEG did not demonstrate any focal lesion. STS were strongly positive. He was treated with 12.0 mega units of penicillin. In April he felt very greatly improved. WR was negative, Kahn two +. There were no further attacks up to June. The STS were still strongly positive.

When do the serum tests, themselves, serve as an indication for re-treatment?

In late syphilis clinical indications of relapse can occur apart from serological changes, although this is not common. There are probably two incontrovertable *serological* indications for retreatment in late syphilis: firstly, a persistently rising titre, or a consistently held rise of titre in the serum tests; secondly, high titres in pregnancy. On all other occasions the clinical condition of the patient is one of the main factors in the problem of retreatment.

Non-Syphilitic Reactions

Lastly we come to the important subject of non-syphilitic reactions. The term non-syphilitic reaction, or what some describe as a biological false positive, refers to a positive WR or allied test procedure, in a patient who does not have syphilis or another treponemal disease.

The subject is important for two reasons. Firstly, as syphilis becomes less common in a community, a *relative* increase in these non-syphilitic reactions will occur. Secondly, it should be born in mind that a person with a positive serum test of this sort has an abnormal amount of reagin, and it is important that we should discover why this is so. The actual immunological reasons for this occurrence of the non-syphilitic reaction are still obscure.

As you see from the list, the number of possible causes of non-syphilitic reaction is legion. No age is exempt. It is easiest to consider this problem in terms of causes which are either acute or chronic. The commoner acute causes in England will be virus pneumonia, infectious mononucleosis and immunisation. Note that with acute non-syphilitic reactions the serum tests will become negative when the condition which gave rise to them has subsided.

ILLUSTRATIVE CASE HISTORY—5
Acute Non-Syphilitic Reaction
(*Mononucleosis*)

A male patient, aged 24 years, became ill on 26th June 1956 with weakness and shivering (temperature 100°F., 104°F. on the day following). Within four days there had occurred jaundice, splenomegaly, and an erythematous rash.

STS, strongly positive Kahn, negative WR. Laboratory investigations substantiated a diagnosis of glandular fever.

21st August. Kahn still strongly positive. Physical examination negative.

2nd October. STS negative.

Chronic non-syphilitic reactions are those which remain positive for years or even a lift-time. One can, if one wishes, place in this category those chronic

infections, such as leprosy and malaria, which cause non-syphilitic reactions. The STS pattern is usually significant, being fluctuating or discordant, and in low titre, in these chronic cases.

There is increasing evidence that, apart from chronic infections, there is an important group of patients, many of whom may appear quite healthy at the time of first examination, who have signs of so-called collagen disorder. A list of these disorders, causing non-syphilitic reactions, now includes disseminated lupus erythematosus, rheumatoid arthritis, periarteritis nodosa, and rheumatic fever; non-syphilitic reactions have also been noted in sarcoid and Hodgkin's disease.

A point worth noting is that many of these patients, who have been apparently healthy when their WR was first positive, have on further scrutiny had various clinical and clinico-pathological abnormalities, especially those of lupus erythematosus.

ILLUSTRATIVE CASE HISTORY—6
Chronic Non-Syphilitic Reaction
(possibly a Collagen disorder)

A female, aged 24 years, attended in April 1954 because she was 4 months pregnant and had repeatedly positive STS. There was a past history of Thyroidectomy and of being a tuberculosis contact, none pointing to syphilis.

In July 1954 she had a BP of 160/110. STS was two +, but negative on repetition.

In August the BP remained raised. There were albuminuria, headaches and ocular signs for which a Cæsarian section was undertaken. The patient had received 6.0 mega units of Penicillin. STS were still two +. The infant was healthy.

In September 1954 the BP was 160/90, and there was an episode of thrombophlebitis. STS positive. TPI negative. There was no change by November 1954.

In March 1956 the patient was again pregnant. BP 150/100. STS were positive. She was delivered of a normal infant a month later.

During her 1954 pregnancy episodes of psychoneurotic behaviour had been noted.

Further examination has not been possible.

How is one to manage this type of case?

In the absence of a history or clinical signs of syphilis, repeated serum testing should be undertaken, since the acute non-syphilitic reaction will become negative within two to six months.

One must try to elucidate a cause for every non-syphilitic reaction, and one must submit the patient's serum to the Treponema immobilisation test.

Where there is any doubt the patient should be treated and observed as a syphilitic, realizing that other disorders, identifiable as causes of a positive WR, may make themselves felt at a later date. The patient anyway, stands to benefit from the period of observation.

I will say only a few words about the newer tests. These are procedures which make use of Treponema pallidum or its products as antigen. The only one of these various tests used in this country is the Treponeme immobilisation test (abbreviated TPI). The TPI was the first of these procedures to be worked out, and is complicated to perform. This is one of its disadvantages. The TPI test is highly specific for detecting patients with a treponemal disease. In this country we are fortunate in rarely seeing more than one treponemal disease, syphilis.

What are the advantages to the clinician of the TPI test? Are there many disadvantages, compared with the standard serum tests such as the WR? The TPI test becomes positive later than the WR and Kahn in a case of developing syphilis, and is likewise slower in becoming negative after treatment. The WR and Kahn are thus more useful in the diagnosis and in the follow-up of early syphilis.

When a patient has had treponeme immobilizing antibody in his blood for a number of years it is less likely, than it is in the case of reagin, that he will ever be without it, whether treated or not. For this reason the TPI test is useful in late syphilis, especially in that group with a negative WR. It has also an important place in the diagnosis of non-syphilitic reactions.

However, late syphilis in the presence of a negative TPI test result does occur; and although the TPI test is highly specific, there is evidence that positive reactions may occur when the patient has neither syphilis or any other treponemal disease. This occurs very rarely.

In conclusion, when confronted with the possible diagnosis of syphilis, it is easy to develop an automatic attitude to the STS results. One is repaid by spending time on their interpretation.

GUY'S HOSPITAL DENTAL SOCIETY

This photograph of the President (Dr. D. J. Anderson) with Mrs. Anderson and members of the Committee was taken at the recent Dental Society Dinner.

C. E. Evans M. Woodman G. Longson D. F. Keane D. Inman
W. A. Dearlove C. Berwick
J. Ranson M. A. Gillon (Hon. Sec.)
Miss F. Adams Dr. D. J. Anderson Mrs. Anderson

HOCKEY CLUB ANNUAL DINNER

The Hockey Club's Annual Dinner was held on Friday, 15th March, 1957, at the Royal Society of Medicine, Wimpole Street, W.1. An enjoyable evening was spent, although numbers were not as high as anticipated.

Brian Foster, the Club Captain, thanked the President, Mr. Bulleid, for arranging the dinner there, and Vice-Presidents, Messrs. Cooper, Hutton and O. G. Morgan, for their company. Replying, Mr. Bulleid congratulated the team on winning the Cup : of the Guy's team he played for, he said, only he and Mr. Morgan were still alive—a state of affairs which he did not consider particularly permanent.

OVERHEARD IN THE CARDIAC CLINIC

An X-ray showing a very unusual heart shape is exhibited.

Doctor to Student : What sort of heart is this ?

Student : A cor blimey, Sir.

NOTICES

GUY'S HOSPITAL SOCIETY (BOURNEMOUTH & WESSEX)

The Inaugural Dinner held at the Norfolk Hotel, Bournemouth, in February, was a great success. There were 27 members present. This meeting proved so popular that it was arranged to hold a dinner biannually. It was agreed that this should take place at The Criterion Hotel, Bournemouth, on 4th October (Friday), 1957.

OFFICERS

Retiring Chairman : H. V. Vogt.
The Chairman elect for 1957-58 : Dr. G. W. Hall-Smith.

COMMITTEE

Dr. A. W. Cook
Dr. H. R. D. Coles
F. S. Glover
G. A. Lawson-Brown
Dr. G. Westgarth-Taylor, *Hon. Treasurer.*
E. A. Weaver, *Hon. Secretary.*

MEMBERS

Medicals

J. S. Astbury, K. R. D. Coles, A. W. Cook, R. D. Druitt, S. F. Durrans, D. H. Forsdick, H. Franklin, M. F. Gallop, G. W. Hall-Smith, M. S. Kay, A. T. Moorhouse, B. C. Morgan, R. G. Nicholson, W. S. Richardson. G. Westgarth-Taylor,

Dentals

P. J. Attenborough, S. C. S. Brown, E. J. B. Curtis, B. H. deCourcy Prideaux, P. A. Gardener, A. J. D. Gibbings, F. S. Glover, A. W. Hilliam, I. H. Hilliam, J. M. Hobbs, J. W. Kingston, G. A. Lawson-Brown, A. G. Richmond, E. A. Weaver, N. J. Wood, H. V. Vogt.

THE 1957 ART EXHIBITION

The 1957 Art Exhibition will be held between 13th and 25th May inclusive. All members of the Hospital in every department, staff, students, nurses, medical auxiliaries and members of the Works Department are invited to send in work. There will not be a selection committee, but space available will limit each persons entry to three items.

Paintings, drawings and sculpture should be delivered to the Medical Illustration Department between 1st and 10th May. Entries should be prepared in a way suitable for hanging.

All entries must have on the back the title ; also the name, address and department of the exhibitor. *In addition,* a tie-on label must be affixed bearing the same information. As no insurance will be arranged, articles of value will be accepted only at the risk of the exhibitor.

It is hoped to arrange an evening for exhibitors and their friends to meet to view the exhibition and to partake of suitable light refreshment.

GUY'S HOSPITAL AMATEUR BOXING CLUB

The United Hospitals' Championships will be held on Tuesday, 2nd April, at 6 p.m., in the University of London Gymnasium in Malet Street.

Tickets will be available mainly at the door, but if anyone would like to obtain tickets in advance would they please apply to J. G. Allardice, Guy's Hospital Amateur Boxing Club.

The price of tickets will be 10/-, 5/-, 2/-.

GUY'S DIRECTORY

The 1957 Guy's Directory is now ready for distribution—price 10/-, postage 6d. extra. If required, please forward remittance (10/6), addressed to " The Manager, Gazette Office, Guy's Hospital, London, S.E.1," with full name and address. All prepaid orders have been despatched.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Great Maze Pond

From the Clerk to the Governors

SIR,—The reference in " Passim " to the desirability of closing Great Maze Pond to normal traffic and making it a private road within the Hospital implies that the Hospital authorities should now do something about it. In fact, this is a matter which has been the subject of considerable effort by the authorities of the Hospital from time to time. My own earlier recollections of our efforts to close this road go back to 1943.

It has to be appreciated that the boundary between the Boroughs of Southwark and Bermondsey runs down the middle of this street, so that both local authorities, as well as the London County Council and the Ministry of Transport, are involved and the Hospital's claim for closure unfortunately has no automatic priority over claims for its retention by other interested parties. In early 1943 negotiations were opened with the Engineers of the two Boroughs and the Superintending Architect of the London County Council and, arising from the discussions that took place, suggestions were made for the driving of a new road through the area to the East or, alternatively, the widening of Weston Street. Ultimately a reply was received from the London County Council to the effect that, while the Council offered no objection in principle to the formation of a new street between Snowsfields and St. Thomas's Street, as the general question of redevelopment in London was under consideration the Council was not, at this juncture, able to say how the proposed development might be affected by post war planning.

From Southwark Borough Council the following decision was received :—

> " We propose that at the appropriate time, and subject to the prior submission to and approval by us of the full details of the proposed extension of the Hospital we should submit the necessary formal recommendation with regard to the closing of Great Maze Pond."

Bermondsey Borough Council intimated that they would be prepared to consider the matter provided an equivalent area was given up to enlarge other highways and it was also suggested that while the road might be closed to vehicular traffic it probably should remain a public footpath.

The preparation of the Hospital's plans for the building of a new Surgical Block and other extensions soon revealed that to divide the area bounded by St. Thomas's Street, Weston Street, Snowsfields and Great Maze Pond by a new road would only make the position worse, as the planning of the proposed new buildings would be badly handicapped by the restrictions on their size that would follow planning on a bisected site and further although some noise would be taken away from Hunt's House, etc., it would only be at the expense of more noise nearer the new buildings. The proposals for a new road in place of Great Maze Pond were accordingly abandoned.

In 1948-49 enquiries were made with a view to obtaining closing orders for Great Maze Pond and the smaller streets running through the rebuilding site. To obtain the agreement of the various interested authorities to the closing of the streets other than Great Maze Pond, the proposal to close the latter street had to be dropped.

In 1951, provisional approval of the local authorities having been obtained, formal application was made to the Ministry of Transport for the closing of Maze Pond, Maze Pond Terrace, Maze Yard and Stainer Street in view of the then intention of building on the Northern part of the site. When this formal application went before the various authorities they agreed to the closing of the highways referred to above, but in one case it was stipulated—

> " that in no circumstances would the important through road—Great Maze Pond between St. Thomas's Street and Snowsfields—be given consent for the closing, either to vehicular or pedestrian traffic as it was such an important link between London Bridge Station and Long Lane."

On this application in 1952, Statutory Instrument 1910 Highway, England, Order, 1952 was issued authorizing the stopping up of Maze Pond Terrace, Maze Pond, Maze Yard and Stainer Street.

A year or two later the London County Council wished to acquire from the Hospital land bounded by Snowsfields, Weston Street, Guy Street and Nelson's

Recreation Ground. The Hospital authorities offered to exchange this land, which was to be used to enlarge the recreation ground, for the land forming Great Maze Pond but this offer was refused.

In 1956 negotiations were started again with a view to getting a closing order in respect of Sparricks Row and Holcombe's Buildings in view of the resiting of the new building. Approval to this was obtained from the Metropolitan Borough of Bermondsey and this application is still before the Ministry of Transport. Again, the possibility of closing Great Maze Pond was examined at this time but no progress could be made.

The foregoing is only a very brief summary of the negotiations and enquiries that have been made with a view to the closing of Great Maze Pond over the past fifteen years. The Hospital's requests have met with no success, the reasons given being mainly:—

1. The volume of pedestrian traffic coming from London Bridge Station and using Great Maze Pond to get to the Long Lane area. If such traffic had to be diverted *via* Weston Street or the Borough High Street considerable detours are involved.
2. Although Great Maze Pond may not be used by an enormous amount of vehicular traffic, such use as there is relieves to an equivalent extent the present very overcrowded Borough High Street.
3. The County of London Development Plan provides for the widening of Great Maze Pond and the approvals given to the Hospital's rebuilding proposals have been contingent on the Hospital authorities giving up land for this purpose.

Although " hope springs eternal, " personally I see little prospect of the Hospital getting a closing order over this highway. I think the answer to the problems of the staff in the Out-Patients Department lies in seeing that accommodation built in the future is as far from a highway as possible. So far as Front Surgery and Casualty are concerned, this will have been done when the first instalment of the rebuilding is carried out. With regard to Hunt's House, I am afraid the problem is likely to remain with us for a long time to come although I am sure the Board of Governors will miss no opportunity of pressing for the closing of this road which soon " will run through the middle of Guy's."

Yours, etc.,

B. LEES READ,
Clerk to the Governors.

Counting House, Guy's Hospital,
London, S.E.1.

Guy's Statue

From Mr. J. W. Mansie

SIR,—Guy's Statue is not of bronze as Lord Edward Gleichen supposed, but of brass. This is unusual and the composition of the brass is in itself unusual, being of a Dutch Metal type.

The Statue was made by Peter Scheemakers in 1731-32 and is on a marble pedestal. The railings must have been added later but are roughly contemporary. Unfortunately they are as coarse as the Statue is delicate.

The railings perform no useful function. We have recently seen they do not prevent unmannerly assault and may in fact encourage it. The granite bollards and the double platform afford ample protection from the furious driving of the Staff. I should like to make another plea for the removal of these hideous railings and for the repair and the cleaning of the marble plinth so that we may see Guy as Scheemakers intended him to be seen.

Yours etc.,

JAMES MANSIE.

112A, Harley Street,
London, W.1.

Students' Club Bar

SIR,—I wonder if I might correct your recent report on this subject. The new Bar in the Students' Club will be open, not only on Friday, but also on Saturday evenings until further notice. This is, as you say, an experiment, but if it is

successful it is our intention to open the Bar more often ; this depends, of course, upon there being sufficient support. It will be open from 5.30 p.m. to 10.30 p.m.

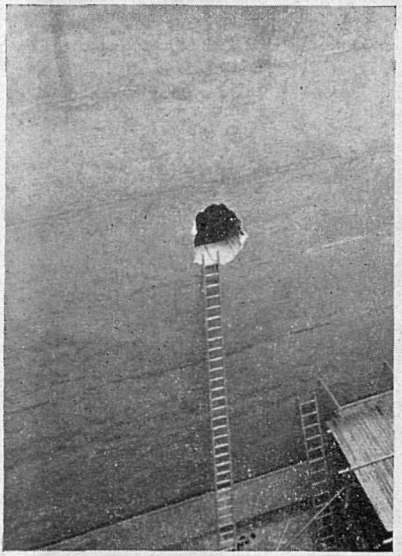
Yours etc.,
A. W. R. WILLIAMSON,
Hon. Secretary,
Students' Club.

Guy's Hospital, S.E.1.

Mayhem in the Medical School

SIR,—Coming to Guy's as a visitor from another place (Norfolk, to be precise), one cannot help being impressed by its relatively great age and the civilizing atmosphere of Tradition which prevails. It was, nevertheless, rather a shock to discover those two Resident Romans who spend rainy days laying tessellated pavements in the basement corridor.

But when, outside the Staff Common Room window the other day, I found unmistakable evidence that Superman was also here, I decided it was time you heard about it. Unfortunately, by the time I was able to find my camera, the Works Department with commendable speed were apparently preparing to make good the damage.



Yours etc.,
JOHN DOBBING.

Department of Pathology,
Guy's Hospital Medical School,
London, S.E.1.

NOTICES

GAZETTE INDEX

The 1957 Index is now ready for distribution and may be obtained free of charge from The Manager, *Gazette* Office, 16, St. Thomas's Street, London, S.E.1, or the Wills Librarian.

GUY'S HOSPITAL MOUNTAINEERING CLUB

An enjoyable meeting was held in North Wales on the weekend of 15-17th March. Most of the party stayed, by kind permission of the Climbers' Club, at Helyg but three members had to be parked at Idwal Cottage. The weather was reasonable but there was perhaps more than the usual degree of slippery rock. Some of the party walked over Tryfan, the Glyders and the Carnedds while others spent time on Milestone Buttress, the crags of Glyder Fach and Little Tryfan. Despite a thorough soaking late on the Sunday the party's spirits remained high. The next North Wales meet will be in June, but there is a possibility of organizing a party to the Lake District earlier in the same month.

SPORT

HOCKEY

INTER-HOSPITALS' CUP FINAL

Guy's *v.* London Hospital

Wednesday, 13th March

Result : Won 7-0

In the earlier rounds of this year's competition, Guy's had experienced a close match against St. Mary's and a hard earned victory against Middlesex, and there was little to suggest that so convincing a victory was imminent when the teams lined up at Teddington.

Conditions were ideal and the ball was moved about freely from the bully-off. Aften ten minutes, Millar followed up a Woodman centre into the goalmouth and pushed the ball past the goalkeeper to open the scoring. Guy's increased their lead before half-time when, following a fine combined effort on the right wing, Blake ran past the London backs to score from the edge of the circle.

Half-time arrived, then, with Guy's two goals up—deservedly, for they used their wings to good effect. Bevan-Thomas and Mackenzie fully appreciated the value of the hard centre to the 'back of the dee'.

The resumption brought some enthusiastic play from both sides : Guy's were forced back on the defensive when Peeling was for once able to break away from Foster's harassing marking, but the London attacks were marred by a tendency towards solo efforts. Following some fine clearances by Dyde and Tuddenham Guy's were soon on the attack again.

The turning point soon came : play was now directed more down the centre and following a Blake-Morgan movement, Millar scored again from a goalmouth melée, in which the London goalkeeper Asscher, as throughout the game, made some fine saves—one felt that his Guy's counterpart, Nicholson, must have regarded his efforts with mixed feelings. Guy's continued to play open, attacking hockey ; Laney moved up on the left and his fine cross-field pass to Mackenzie provided the opening for Morgan to score a good goal. Soon the London rearguard was again taxed until, after a series of desperate clearances, Blake was left on the goal line with the ball at his feet.

The closing stages of the game were marked by some good London attacks ; but once again their finishing efforts were inadequate and few shots at goal were permitted. Guy's added to their tally by means of two very efficiently taken short corners by Dyde.

In presenting the Cup to Foster, Mr. R. L. Hollands commented on a high-spirited game : in retrospect it should be said that the entire game was played in a fine sporting spirit and this reflects the greatest credit on the captains, Foster and Bull. Among the enthusiastic supporters we were pleased to see our President, Mr. Bulleid, Vice-Presidents and, it should be added, a number of local business people, all of whom, we hope, were well satisfied with the afternoon's activities.

Team : K. Nicholson ; H. Tuddenham, J. Dyde ; M. Woodman, B. Foster (Capt.), D. Laney ; A. Mackenzie, M. Morgan, M. Blake, J. Millar, D. Bevan-Thomas.

Club Results :—

Guy's 1st XI *v.* Sevenoaks

2nd March, 1957
Result : Draw 2-2

Guy's 2nd XI *v.* Sevenoaks 2nd XI

2nd March, 1957
Result: Won 3-0

Guy's 1st XI *v.* Tonbridge 1st XI

9th March, 1957
Result : Draw 1-1

Guy's 2nd XI *v.* Tonbridge 2nd XI

9th March, 1957
Result : Won 8-0

Hospital's Junior Cup Semi-Fina

10th March, 1957

Guy's *v.* London Hospital

Result : Won 2-0

Team : C. Bird ; D. Wright, N. Russell ; J. Smallshaw, H. B. Pritchard, R. Hammond-Doutré ; C. Maddox, M. Steyn, C. Green, B. Clark (Capt.), B. Cryer.

Guy's 2nd XI *v.* Tunbridge Wells 2nd XI

16th March, 1957
Result : Lost 1-5

Guy's 1st XI *v.* U.S. (Portsmouth)

23rd March, 1957
Result : Won 3-2

Guy's 3rd XI *v.* H.A.C. 3rd XI

23rd March, 1957
Result : Won 8-3

RUGBY FOOTBALL

Guy's *v.* Nuneaton

2nd March
At H.O.P.

Result—Won 11-6

Guy's followed up last week's victory over Locdon Welsh by another good win this after*noon by 11-6 over our Midland visitors.*

Fortunately rain held off and we saw a very good game with plenty of runnung with the ball and backing up by Guy's players both in attack and defence. Carroll's touch-finding too was of a high order.

In the first half Guy's played against the slight wind but were soon on the attack. After 20 minutes we forced a scrum on the Nuneaton 25 and a neat reverse pass from Phelps to Hackett was followed by Evans coming round from the blind side wing inside Hackett to score a splendid try. Carroll's kick unluckily hit the upright.

Guy's soon scored again after a foot rush from near the half-way line and Hawley won the race

for the touch-down; again Carroll was just wide.

Just before half-time Guy's were penalised far out on their 25 line and the Nuneaton full back kicked a fine penalty.

After the restart Guy's were threatened after an interception by one of the opposing centres, but our cover just got back in time. However, Nuneaton were not to be denied and soon a scrum 10 yards out yielded a quick heel and their wing scored in the corner, the attempt at conversion failed.

Guy's now reasserted themselves and attacked hard, and with 10 minutes to go were rewarded by the best try of the match. From a scrum just inside Nuneaton's half the ball went cleanly out to Evans on the right wing, he was held only inches short but Guy's forwards were up and a quick heel sent the ball on its way out to Smith on the opposite wing who scored far out. Cook kicked a good long range goal.

When the final whistle blew Guy's were still in command and deservedly victors by two tries and a goal to a try and a penalty.

Team : Carroll ; Smith, Hawley, Lindsey, Evans ; Hackett, Philips ; Van den Berg, Russell, May, Smith, Williams, Buirski, Cooke, Bryant.

ASSOCIATION FOOTBALL

Guy's *v.* Westminster Hospital

16th March, 1957
Away——Draw 2-2

Guy's were at full strength for this league encounter and were met by a strong determined Westminster side that gave Guy's their hardest league game to date. A strong down-field wind made conditions difficult but in spite of this some excellent football was witnessed.

Guy's kicked off with the wind behind them and proceeded to bombard the Westminster goal from all angles. For a full quarter of an hour the ball remained in the Westminster half of the field. Innumerable corners were forced but somehow the Westminster defence, miraculously at times, managed to clear their lines. The Westminster goalkeeper was playing a magnificent game much to the displeasure of the Guy's forwards.

Then, much against the run of play, Westminster scored from a breakaway. A further period of pressure on the Westminster goal ensued but Guy's were unable to score. Following a misunderstanding between two Guy's defenders, the Westminster inside right nipped through to give them an undeserved two goal lead.

Guy's retaliated strongly and were rewarded by a good goal scored by Wright. Five minutes later Skippen gathered a loose ball and with a well placed shot put Guy's on level terms. There was no further score before half-time.

On the resumption, Westminster, helped by the wind, looked dangerous at times but their attacks were broken up by a Guy's defence that played solidly throughout. In Skippen and Williams, Guy's had two hard working wing-halves. Sutton played his usual soid game at centre-half. Full backs Missen and Smith dealt competantly with all that came their way.

Although there was no further score during this half Westminster were fortunate when fine scoring efforts by Maggs and B. Smith were just the wrong side of the posts.

Dominant throughout, Guy's can consider themselves most unlucky not to have won this match, although their finishing might have been better. Shooting practice might well assume an important part during training sessions next season !

Team : C. Rowland ; H. Missen, D. Smith ; J. Skippen, M. Sutton (Capt.), D. Williams ; W. Landers, B. Smith, C. Maggs, B. Heath, D. Wright.

ROWING

Reading Head of the River

On Saturday, March 16th, Guy's raced the 1st VIII in the Reading Head of the River Race.

Guy's started in position 51 in the shell division and finished in position 64, covering the 3½ mile course in 16 mins. 22 secs.

The failure of the crew to better their position was due, in whole, or in part, to a tragic misfortune just before the start of the race when Guy's were in collision with a crew from Corpus Christi College, Cambridge, leaving our bows badly holed. It was soon evident that the boat was taking on a lot of water, and the majority of the race was rowed with the whole bow compartment waterlogged.

Guy's, however, rowed very well and showed far greater poise and rhythm than has marked their rowing in recent weeks.

It is highly probable that without a bow full of water, Guy's would have done well in this event.

It is hoped that with better luck, and hasty repairs, that the Guy's crews will do very well in the Tideway Head of the River on March 23rd, where they will be competing for the United Hospitals Head of the River Pennant which they last won in 1955.

Crew

Bow : M. A. Young, (2) M. R. Boundy, (3) R. H. S. Mindham, (4) D. C. Inman, (5) J. D. Pullan, (6) T. H. Redpath, (7) H. R. Rippon, *Stroke :* M. S. Parrish, *Cox :* A.E.P. Hudson.

LADIES' LACROSSE

Guy's v. King's College

At Mitcham. 6th March, 1957
Drew 7-7.

This was our fourth attempt to meet King's, the previous fixtures having been rained off or postponed through illness. Therefore, we were all the more pleased to be able to present an (almost) full team, resplendent in navy blue and bright yellow, to do battle on the (muddy) fields. Throughout, the two teams were very evenly matched and some notably good work was done by Mary MacKeith (captain) at centre, and Margaret Taylor at right defence wing. The lack of practice on our part was obvious in the opening stages, although we did score the first goal in the first minute of play. However, by the end of the match, the attacks were conbining very well and the interception by the defences was really good.

Team : Goal Anne Kenshole, *Point* Pat Ryder, *Cover* Rosemary Gibberd, *3rd Man* Ann John, *L.D.W.* Jill Wandless, *R.D.W.* Margaret Taylor, *Centre* Mary MacKeith, *R.A.W.* Margaret Oxburgh, *L.A.W.* Ann Creighton, *3rd Man* Rosemary Norton, *1st Man* Sheila White.

Intercollegiate Lacrosse Tournament

At Motspur Park, Saturday, 16th March

Winners were Bedford College, beating a combined team from University College and L.S.E. by 2-1 after extra time.

Nine teams, representing ten colleges, presented themselves and play began in somewhat overcast conditions. Guy's had drawn to play Moira Grey College, King's, Queen Elizabeth College and the combined U.C.-L.S.E. team. We were unlucky in being without two of our most experienced players and we were no match for the fast and practised Moira Grey team. Once again, there was little to choose between the King's and Guy's teams and the lead of 1-0 that they finally gained over us was the outcome of an unfortunate misunderstanding. However, it helped to put us on our mettle, as in our next

game, against Q.E.C., who were a swift and dangerous team, we gained a lead of 2-0 which we were able to hold. In our last game, the U.C.-L.S.E. team beat us by 4-1 but this was much more of a triumph on our part than the results would lead one to believe. Indeed, until the finals, we were the only team to score a goal against them. Play was fast, tackling was energetic and several got shots just missed either goal. It was perhaps the most encouraging game we have ever had ; they are without doubt the best team we have yet played.

We were greatly encouraged by the presence of our President, Professor Foxon, throughout the whole Tournament. After the final, the University coach, who had also watched the games, presented the Cup to Bedford and medals to the teams who played in the Finals.

Result of Tournament:—

(1) Bedford, (2) U.C.-L.S.E., (3) Middlesex, (4) King's, (5) Moire Grey, (6) Guy's, (7) Q.E.C., (8) Royal Holloway, (9) Royal Free.

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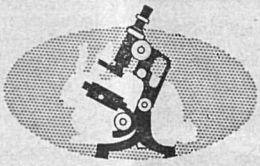

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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BIRTHS

BURTSAL.—On 23rd February, 1957, at Colchester Maternity Hospital, to Muriel (née Cousins, S.R.N.), wife of Kenneth F. Burtsal, a son (Simon).

COWLEY.—On 19th March, 1957, at the Evelyn Nursing Home, Cambridge to Yvonne, wife of Gordon W. Cowley, L.D.S.R.C.S., a son.

REID.—On 15th March, 1957, at B.M.H., Nicosia, Cyprus, to Gillian (née Mitchell), wife of Capt. Irvine Reid, R.A.M.C., a daughter (Shendi Anne), a sister for Guy.

WOOD.—On 2nd March, 1957, at Newcastle-under-Lyme, to Anne (née Costello), wife of J. R. Wood, M.B., B.Ch., a daughter (Nichola Anne).

MARRIAGES

BIDDLE—LAWES.—Quietly on 2nd March, 1957, at St. John's, West Wickham, between Anthony Biddle, M.B., B.S., and Pamela Joy Lawes.

CAMPBELL — HAREWOOD. — On 15th December, 1956, at St. Lawrence Church, Cowley, James Campbell to Margaret Harewood, S.R.N., B.T.A.

DAWSON.—HARVEY.—On 2nd March, 1957, at St. John's Church, Hamilton, Bermuda, Donald Campbell Dawson, L.D.S.R.C.S., to Dorothy Colvin Harvey, M.A.

DEATHS

HANCOCK.—On 21st February, 1957, Allen Coulter Hancock, in Guy's Hospital.

STEBBING.—On 23rd March, 1957, John Garvin Stebbing, M.B., B.S., aged 32 years, 1, Liskeard Gardens, Blackheath, S.E.3.

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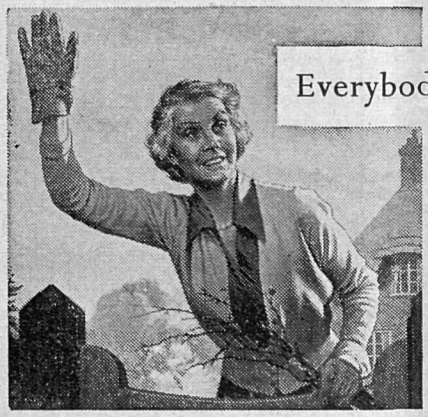

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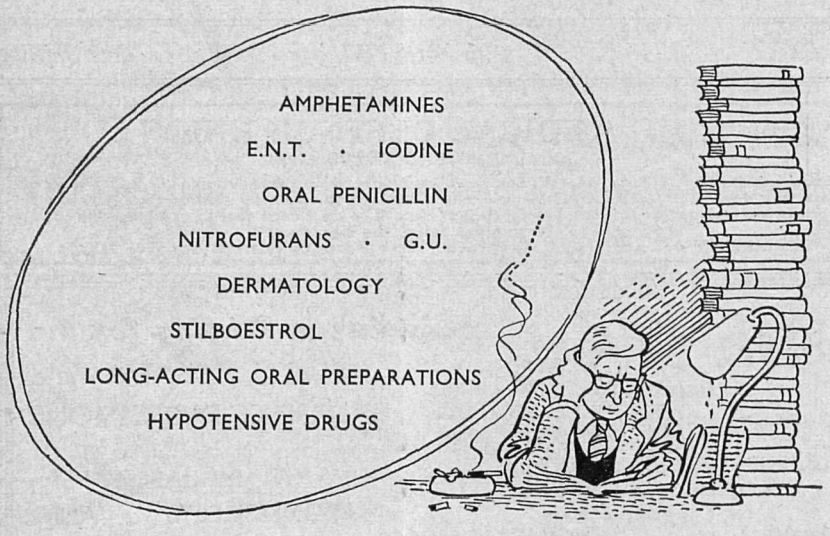

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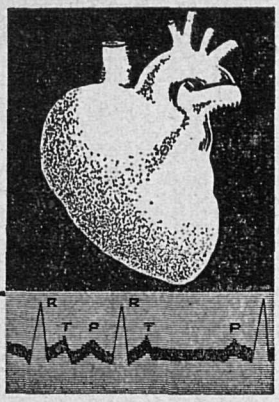

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PASSIM

St. Thomas's Street Subtopia ?

AS if in direct mockery at our wrecked courtyard, splinted surgical block and barren site for the new Guy's, the plot immediately opposite the Front Gate is seldom free from building activity. This area typifies the haphazard way in which London is being allowed to rebuild. Across the river, the uncoordinated emergence of mammoth office blocks shows that the City fathers have thrown away their opportunity to atone for their ancestors' rejection of Wren's plan, and that is a matter of world-wide interest and disappointment. On the other hand, the developments opposite Guy's are an example of the sort of muddle that is being repeated all over London and provokes little more than a passing shudder in the few who care about such things. Fielden House was completed about three years ago. It is a modest enough piece of architecture in all conscience, but it has some pleasing qualities, and it is quite clear that although the main entrance is in London Bridge Street, the architect considered the southern front, which faces Guy's, to be the more important. But the concrete and corrugated iron now at our front door proclaim that Fielden House will soon be largely hidden by the block of shops and offices being built immediately in front of it on the north side of St. Thomas's Street. It has had a pretty short life as a visible building.

What the new block will look like remains to be seen, but the prospect of eight shops right under the nose of Thomas Guy is one it is difficult to view with much enthusiasm. It is bound to detract from what, despite *Sarah Swift*, is still one of the most dignified hospital entrances in London, and will further aggravate the vexed traffic problem ; we wonder whether it is proposed to continue to use St. Thomas's Street as an alternative thoroughfare to Tooley Street. The other absorbing speculation is what kind of shops we will be faced with and who has any say in the matter. The greatest need as far as the Hospital is concerned is for an enlightened bookshop, now that the late lamented Grattan's has closed down. Here is an opportunity for an independent bookseller of imagination, for he would have a large, changing, and supposedly educated, community on his doorstep. We say independent advisedly, for there is room here for more individuality than is usually to be found in branches of the large national booksellers. A major section devoted to medical books would be an obvious necessity, but to our mind this should not be developed to the exclusion of all else, for it would be possible

to have a miniature Heffer's or Blackwell's ideally situated to supply what is after all a section of the largest University in the country.

This would help to alleviate the indignity of a minor shopping centre on our doorstep. Whether we are going to have a block of shops which could contribute something of value to the Hospital in whose shadow it will stand, or a row of garish Subtopian monstrosities, is something we can only anxiously wait and see.

It is with great regret that we record the resignation, on 31st March, of Dr. P. S. Boulter as Editor of the *Gazette*. Dr. Boulter was appointed Assistant Editor in February 1953, and in June 1955 succeeded the late Dr. E. E. D. Tomlin as Editor: he thus holds a record not approached by any previous Editor, and has the remarkable achievement of having seen the *Gazette* through 108 numbers. We know that he would regard it as the highest compliment to say that he was a worthy assistant and successor to Dr. Tomlin, whose invigorating effect on the *Gazette* he fully developed and amplified. We are fortunate that he is not leaving the Hospital, for his advice and experience are likely to be much in demand.

The *Gazette* committee, which reluctantly accepted Dr. Boulter's resignation, unanimously elected Dr. T. W. Hoskins and Mr. P. M. E. Drury to be Editor and Assistant Editor respectively. We are delighted to welcome Mr. Drury ; his achievements as Residents' Play composer and pianist make him already well known to many of our readers, and we look forward to seeing some of his talent canalized into the *Gazette* office.

We are pleased to hear that the Guy's Sports Day this year is to be developed into a more elaborate social occasion than hitherto. In addition to the serious and not-so-serious athletic events it is planned to have other attractions including side-shows and a band. This event in the Honor Oak Park calendar has not always been notable for its organization, but this year 1st June is definitely a date to be kept free. Fuller details will be announced later.

Those who have got to know Miss Anne Whittenbury—and there can be few who have not by now seen and admired her at work—will be delighted, but probably not surprised, to learn that she has added to her achievements the first prize in a dancing contest organized by a national magazine. Miss Whittenbury, who trained at the Royal National Institute for the Blind Physiotherapy School, was appointed to the physiotherapy staff at Guy's in January.

Two Guy's men were creditably involved in a dramatic incident on the high seas not long ago. A cook on the *Kenilworth Castle* developed acute appendicitis and the ship steamed to meet the *Athlone Castle* which was carrying Dr. H. M. H. Ashwin as ship's surgeon. The patient was transferred to the *Athlone Castle* and with him Mr. H. V. Vogt, a dentist who was on his way to South Africa for a holiday. The operation was successfully performed by Dr. Ashwin while Mr. Vogt gave the anaesthetic.

Through the enlightened hospitality of the Medical School, an event of no little interest will take place in the Anatomy Theatre on Saturday afternoon, 13th April. This is the second annual Spring Conference of the Medical Group of the Institute of British Photographers. One of the items is to be a lecture by Messrs. Alan Low, A.R.I.B.A., and P. Hudson, A.R.I.B.A., on "The Ideal Lecture Theatre"; the speakers are members of the firm Young and Hall, the Guy's architects, and they will present the end result of investigations carried out on behalf of *Medical and Biological Illustration*. This journal is edited by Mr. C. E. Engel, F.I.B.P., F.R.P.S., who is of course the head of our own Photographic Department. Later in the afternoon he and his staff will present a demonstration of photographic techniques.

In our last issue we published a preliminary notice of the 1957 Art Exhibition. This did not make clear that the exhibition will once again be held jointly with the Photographic Society and that photographic exhibits will be welcome as well as paintings and drawings. On page 159 we publish the instructions for exhibitors which have been worked out jointly by the Photographic Society and the Art Society.

Patients who are unfit to go to services in the Chapel can now take part in them from their beds. By an ingenious adaptation of the Hospital wireless earphone system the Chaplain is able to broadcast to the wards from the Chapel. Details of Easter services appear on page 159.

A Guy's dentist, Mr. D. E. Robinson, who is to be in the Chair at the meeting of the South Wales and Monmouth Old Guy's Association next year, has hit on the idea of bringing Guy's to life on the cine-screen after the dinner. For this reason he would like to borrow any old or new 16 mm. films of Guy's, and anybody who has such films and would be prepared to lend them for the occasion is asked to get in touch with him at 12, Broad Street, Blaenavon, Mon.

GUY'S DIARY

APRIL.			Exhibitions : Department of Surgery. *The Hip.* Gordon Museum. *Some Recent Brain and Spinal Cord Specimens.*
15th	M	1.00	Mr. T. L. T. Lewis. Clinical Lecture. *The Uses and Dangers of X-rays in Pregnancy.*
16th	T	1.00	Mr. F. R. Kilpatrick. Clinical Lecture. *Tuberculosis of the Urinary Tract.*
18th	Th	5.00	X-ray Meeting. Medical X-ray Department.
25th	Th	5.00	X-ray Meeting. Medical X-ray Department.
26th	F	1.00	Dr. K. S. MacLean. Clinical Lecture.
27th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
29th	M	1.00	Dr. R. C. Mac Keith. Clinical Lecture.

OBITUARY

JOHN GARVIN STEBBING, M.B., B.S.

On Saturday 23rd March, John Garvin Stebbing died at the age of 32. John Stebbing was the son of a Guy's man, Dr. G. F. Stebbing, who for many years was senior radiotherapist at the Lambeth Hospital and who, by his qualities of character and his high principles, endeared himself to the people of South London and established a reputation amongst his medical colleagues as a consultant of exceptional standing. Both Dr. Stebbing's sons came to Guy's. John, in 1942, was the first to represent the younger generation and, from his earliest days in the Medical School, it was clear that he had inherited many of his father's qualities. His contemporaries came to recognize that behind a rather shy manner lay a character of strength and determination. In his student days he made many friends and the friends that he made he kept.

After qualification, John became Assistant House Surgeon to Sir Russell (then Mr.) Brock and later House Surgeon to Mr. Grant Massie. He impressed both with his industry, his sound common sense and his thorough goodness of nature. It was when he submitted to his medical examination for admission to the R.A.F. that in 1947 a chest X-ray revealed a mediastinal lesion which in the end was to terminate so tragically a life full of promise. After an operation and X-ray treatment, John returned to work in the Medical School under Professor Spurrell and was engaged in researches into the physiology of digestion.

Subsequently he transferred to the Department of Surgery where his researches were continued and where he devoted a great deal of his time to the improvement of frozen section techniques and to elaborating apparatus for microphotography, both of which are used extensively in the Department today.

Nevertheless, it seemed that John was not altogether at home in purely academic work and he felt that he was not getting that contact with human beings that his wide sympathies demanded. Thus, after two years, he settled down to practise in Bermondsey and here, for the remainder of his short life, he devoted his great qualities as a doctor to the care of his patients. This seemed to be the work for which he was particularly suited. With superb courage, he carried on quietly, knowing that he was suffering from an incurable disease and having his work interrupted from time to time by the necessity for X-ray therapy.

Those who have received patients from him will remember the detailed and careful letters which accompanied them and the excellence of his opinions often so modestly expressed.

In 1955, John Stebbing became a member of the Council of the Medical Protection Society. He leaves behind him a wife who was a Guy's nurse, and a little daughter. To these two we extend our heartfelt sympathy. Those of us who knew and mourn him as a friend have some idea of the tragic loss sustained by those who knew him as a husband and a father.

H.J.B.A.

D.H.F. writes :

John Stebbing has died, the victim of one of those tragic diseases whose explanation and cure may lie just around the corner of our knowledge.

The son of a brilliant family, to those who knew him he was one of the most remarkable persons they had ever met. He possessed a degree of intelligence which astounded us all and his uncanny ability for logical thought made his opinions on almost any subject unbelievably accurate.

His boyish and whole-hearted sense of fun made him a delightful if, at times, somewhat alarming companion and his zeal and energy were such that he found it impossible either to walk or drive a motor-car at anything but high speed.

He was always frank and we respected him for it. Even during his last days his innate sense of criticism was discernible in his conversation and his courage as he faced the last enemy won our hearts even more completely.

He was a kind and industrious doctor whose entire short professional life was lived to the full and with unsparing regard for his patients, yet all the time he walked in the shadow of his illness.

To Dorothy his wife, to his young daughter Susan, and to his mother, sister and brother, those of us who were his friends offer our deepest and most sincere sympathy in their great sadness.

NOTICES

GUY'S HOSPITAL CHAPEL

Palm Sunday, April 14th.
7.0 and 8.20 a.m. Holy Communion.
*10.45 a.m. Morning Service and Address.

Each Day in Holy Week.
7.0 a.m. Holy Communion.
8.45 p.m. Compline and Night Prayers.

Maundy Thursday Evening.
8.45 a.m. Holy Communion.

Good Friday.
*10.45 a.m. Morning Service and Address.

Easter Day.
*7.0 a.m. and 8.20 a.m. Holy Communion.
*10.45 a.m. Easter Morning Service.

**These services will be relayed to the Wards.*

THE 1957 EXHIBITION OF PHOTOGRAPHY AND WORKS OF ART

The Exhibition, organized jointly by the Art and Photographic Societies of Guy's Hospital will be held between 13th and 25th May, inclusive, in the Gordon Museum.

All members of the Hospital, in every department—staff and students, nurses and medical auxiliaries—are invited to submit work for exhibition. There will be no selection committee, but space available will limit each person's entry to *three* in each half of the exhibition.

Art Exhibits. Paintings, drawings, sculpture and pottery will be welcomed by Miss S. Treadgold, Department of Medical Illustration, between 1st and 10th May. Exhibits may be any size ; paintings and drawings mounted and framed if possible. The name and department of the exhibitor, and title (if any) should be clearly indicated on the reverse of the exhibit. A separate document listing these same details should also be included.

Photographic Exhibits. These will be welcomed by either Mr. M. H. Gregory (Department of Biology) or Mr. D. A. Sabel (Dental School), and will be accepted between 28th April and 8th May. This part of the Exhibition will be divided into three sections—owner processed, trade processed and colour work. Black and white prints should be preferably half-plate or larger, and mounted. Colour prints and transparencies of any size will be acceptable. The title (if any) and name and department of the exhibitor should be clearly indicated.

Any queries concerning any aspect of the Exhibition should be addressed to any of the above mentioned persons.

While the organizers of this Exhibition undertake every reasonable care of exhibits, they cannot be held responsible for any damage that may be sustained by any entry.

MEDICINE AND THE ARTS

By H. ST H. VERTUE

MEDICINE, I hold, is an education that encourages a sound understanding of the arts, the reason being that medicine, an art itself, has the groundwork common to them all. Like the painter, the sculptor and the poet, the doctor approaches a material reality, and he *must* grasp the reality as far as mortal man can do. His approach is directly through the senses, just as it is in the other arts, hearing, touch and sight being of the greatest importance to him (smell rather less); and his material is the patient. It is true that the findings of the laboratory are beginning to usurp the old skill; but it is equally true that every wise man descries and deplores this danger to the medical art and to the welfare of the artist. Requisite to all the arts is a firm grasp of the distinctness that lies between the senses and opinion, between observation and belief, vital to the doctor, unless he means to score success solely through force of personality. In medicine too, as in the rest, the concrete takes place above the abstract; yet medicine resembles poetry in that it communicates experience from one human being to another by means of words; and owing to the great power of association that words possess, a literary art conveys the widest range of human life. Medicine's kinship with literature needs no emphasis from me; nor should any one doubt that our art covers the whole ground of humanity, from the most tenuous thread of philosophy to the smallest practical detail, from the most rarefied emotion to the strictest scientific argument. Yet, whereas the paramount importance of the senses and the habitual dominance of the concrete vanquish vague thought, misused metaphor and the tyranny of the "woolly abstract noun", they do not encourage abstract thinking and they do make it difficult to find the way to express it from lack of practice. However, though the medical mind may be simple, it is clear and does not readily succumb to empty theorizing nor to imposture—a decided advantage at the present time!

But an art should present its material in beautiful form: can we say of medicine that it does this? I should answer "Yes"; but I should add that there I have touched a matter to which more attention ought to be paid. A picture illustrates my meaning best. It was painted in 1880 by Edward J. Poynter and is called "A Visit to Aesculapius". The consultation is being held out of doors; a healing spring is bubbling up; trees and a greensward with harmless doves delight the senses; fine architecture lends dignity; a nurse or priestess is comely in grave attire; the sage appears both weighty and benign; and by him the sacred serpent is entwining the rod. The three patients seen are the triune Graces, whose beauty has been transferred to canvas with a skill that seems well-nigh superhuman. In Greek the trio signifies in the subjective sense loveliness, and in the objective both the kindness and goodwill of the physician and the patients' gratitude for his favour. What need I add to this perfect presentation, unless it be the reminder that none, save painter or sculptor, knows the beauty of the strong man, the woman and the child so well as we, and none save the poet the human heart? Blessed art of medicine, the Graces three are your inestimable gift!

The plastic and pictorial arts, possessed by some but not by others, afford a rich refreshment and a wholesome delight both to the fortunately endowed and to those whose limitation it is to admire only; but medical men must find the time consumed in acquiring the needful skill a formidable obstacle. No such obstacle on the other hand checks the host of medical writers, because the rank and file, though

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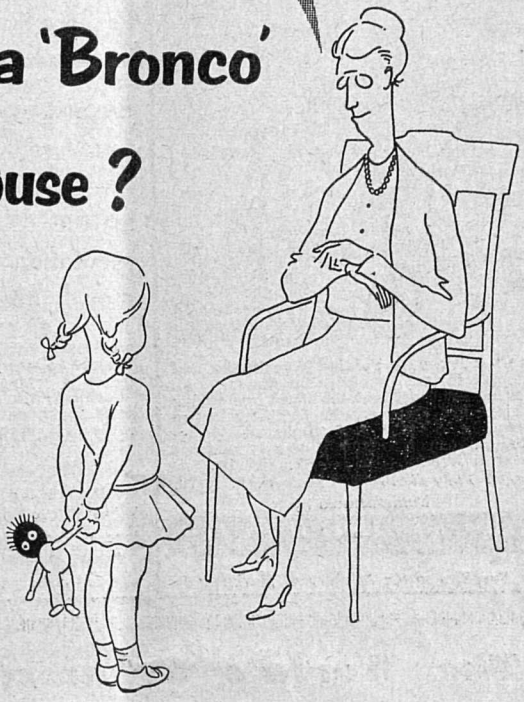

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aware of language as a tool, ignore the opportunity to make use of it as an art. We write too much; we write too little well: these are statements disputed by no man that I know. "The true medical language, half bad Latin, half worse Greek, and the rest what might have been English, if they had only learnt to write it" is Kingsley's taunt that endures. Yet one of the surest sources of happiness is the practice of an art; and the value increases directly with the enjoyment felt and the care expended.

> Compare each Phrase, examine every Line,
> Weigh every Word, and every Thought refine,

is the good counsel of the Earl of Rochester, who, so long as he practises his own precepts, secures our attention still. A determination among ourselves to improve the standard of writing is gathering strength at present, and therefore the outlook is better than it used to be, the culprits now being the Universities, the schools and particularly the Colleges, where obsolete notions of medical education prevail. It is recognised in those quarters quite correctly that science is a principle vital to medicine; but that is the limit of the visual acuity. To a more penetrating eye the end in view is wisdom, a goal not to be reached by an education that leaves the pupil lop-sided in development.

To spend time on technicalities would be tedious, on pointing out, say, the need for proper care about grammar and syntax, or for due attention to the right meaning of words, or for studious avoidance of the dreadful solecisms with which the medical vocabulary is rife, though every one knows that these errors abound. It is more necessary to emphasize the need for cultivating a good style, the secret of a genuine and lasting enjoyment both for writer and for reader. I can do more here than to emphasize two points of doctrine. One is to avoid altogether the facile, superficial style of journalism, not meant to be read but merely to be skimmed, "born with the day and with the day forgot", destitute of architecture, devoid of music and without any depth of thought. The other I owe to R. L. Stevenson's *Technical Elements of Style:* it is to cultivate "the dense and luminous flow of highly synthetic narrative"; to which add what the enthusiast strives to gain, "a deep and stimulating view of life", if you can.

"Every word, phrase, sentence and paragraph must move in a logical progression and convey a definite, conventional import" (i.e. a meaning that could be adopted by general consent) is the behest of Stevenson; and in a book on style by a Professor of English now probably forgotten, Sir Walter Raleigh, emphasis is laid on "the necessity at all times and in all places to mean something", two sentiments that seem obvious yet are not always obeyed. They are a reply to a contrary belief that first gained ground during the nineteenth century, namely that the subject of a work of art is just what the artist chooses, without relation to anything else; and that therefore as a subject, say for a picture, the Girlhood of Mary Virgin or a company of French artisans drinking beer would have equal value, because neither, treated as a work of art, has anything to tell or to teach; and from this belief sprang up another, namely that art is separate from ethics, which was in truth a protest by the artist against a world where a man had to live according to set rules of right and wrong instead of fashioning his life like a work of art in the way that seemed best to himself. Still much in evidence, this notion of the nineteenth century is in direct conflict with that of the Greeks, who supposed that art is the presentation of the beautiful and is closely allied to ethics. Their goal was to create a harmony between outward beauty and inward good, the two being mutually productive, with the result that ideal form is revealed in Greek architecture, sculpture and poetry. On the Greek view meaning is vital, above all to literature: without it the Greek would not have his Homer, the Christian his Bible, the philosopher his Plato nor the scientist his Darwin. Yet there are difficulties inherent in signification by words.

The physician, though partly obliged to resort to words, is also in direct contact with phenomena; but there is one who is almost always in touch with Nature through the senses, the gardener. His eyes fall upon his regal lillies, pliant tall and strong, springing up from lavender and roses, from purple sages and pale poppies. Sweeter is their fragrance than Ariadne's, when she rose from her chaste bed; fairer than the mantling cheek of the royal maid, who declined her eyes before the gold-haired Theseus, is the blush transfiguring their snow, when the sloping sunbeams diffuse the bands of rose, which glow through their immaculate candour. The gardener's brain has made the plan: the soil was tilled by the gardener's hand: his skill has brought success to pass. It is through his senses that he knows the shape, size, colour and aroma of his plants, his *senses*, which afford the firmest ground for belief. But what is presented to us in writing has not a real existence, is not perceived

directly through the senses and cannot be referred to them for judgment. Association takes the place of sensation and opinion opens the way to error.

> Deinde adopinamur de signis maxima parvis
> ac nos in fraudem induimus frustaminis ipsi.

Since science is the organized study of Nature, since its concern is the knowledge of what things are, scientific writing should be applied to the accurate presentation of truth and it should be especially pellucid. I take an example at random, by letting the book fall open, from Dr. Cameron's *Diet and Disease in Infancy*, 1915, p. 62. "It is difficult to restrain mothers and nurses from overfeeding infants. The fretfulness, pain and crying that result from dyspepsia are too often regarded as evidences of hunger. It is true that a healthy and vigorous infant will resent any delay in the appearance of his meal and show his displeasure by loud crying. The symptoms of long-continued underfeeding and inanition are, however, in many respects the reverse of those of dyspepsia". Note that the words are all familiar tools of well defined use, the style is plain, the construction simple and the grammar sound. Such writing achieves its aim, to study and to interpret phenomena without ambiguity, as far as it can be done. But the fact that scientific writing is plain does not mean that it is necessarily divorced from art, for good writing has a beauty of its own. Moreover truth, the province of science, is so readily identified with beauty that the maxim of Keats has passed into popular speech. Medicine is both science and art, medical writing is often descriptive and deals with human life and character, and a clear invitation lies open to us to write as artists; but alas! the art more often exists potentially than actually. A complete assimilation of science to art has been achieved to perfection by Lucretius: but of him I have written sufficiently before.

The greatest amount of pleasure is felt during the exercise of an art, not when the work, being done, is open to inspection. Nevertheless a painter does not ply the brush without hope that someone will admire his picture, nor a writer revise, mature and revise again without some audience in his mind, to whom his work is being addressed. Why the desire for beauty should be supplemented by a wish to please it is not easy to say; but when conscious thought is unfruitful, the unconscious will sometimes produce an association, often presenting its synthesis when a night's sleep is over. "Suspended in the dripping well of the imagination" not only "the commonest object", as Francis Thompson says, but even an abstract idea may "become encrusted with imagery". So insubstantial and elusive a thing as the instinct to create a work of art can thus take shape. Recently I had stepped aside to explore the back streets of a busy town and found myself with growing eagerness following a stream, whose banks were richly clothed with that elaborately beautiful plant the balsam, in full bloom. Next the pleasant plashing of a weir and a derivation from the main stream told me that in days gone by a mill had stood there. Passing on, I came to a patch of grass with a row of cottages behind it, where a comely matron was standing in her doorway, a child was playing on the greensward and an old man smoking his pipe in the afternoon sunshine. Here was a little piece of old England that the monster Industry had failed to devour, easily envisaged as it used to be, with lillies in the deep pool, swaying water-weeds in the stream, little fishes darting, swallows skimming the surface, rich meadows and peaceful kine beside the banks, and over all the pleasing roar of the mill-wheel. Recollected the next morning, the stream presented itself as a feminine energy carrying along three wishes, the first a passion for beauty, the second a desire to create, the third a readiness to please. If the water went over the weir it took the women's way, glinting and singing between balsam-clad banks and carrying their wishes to fulfilment; but if it took the other course, the masculine, then the water came rushing from the deep pool and turned the mill-wheel, bringing forth as grist works of art. If this be true, then earth's most amiable and beautiful creatures are allied to the artist and both in their separate courses turn their wishes to good account. Some women too can send a part of their energy over the mill-wheel; and they are artists, even if their mill-stream be less strong. Perhaps their energy is less because with modest complacency they recognise that their needs are met. If they have goodness, they shine like lamps fed with clear oil, apparently without effort. If they have wisdom, bricks of logic and timber of philosophy have not built up the edifice. As for beauty, it is the birth-right of most of them. In the allegory of the *Sensitive Plant* it is a Lady, the wonder of her kind, who tended the garden from morn to eve, and the sensitive plant, the poet himself that is, which desired what it had not, the Beautiful. Those then whom the Muses honour welcome womankind with open arms, take care to be on good terms with them and accept with gladness all the boons they can bestow : failure to do so spells discomfort or disaster.

Readiness to please does not always mean a thirst for commendation. We need no Jonson to tell us that Shakespeare wrote with rapidity and revised very little, for the evidence lies in his work; and broadly speaking one may say that the later the work, the more obvious is the lack of care. I believe that Shakespeare's works were of secondary importance to him, that his relish for literature was but a part of his relish for life and that he was more absorbed in the art of living than in the art of writing. Yet some approbation would be of value even to him, because it would encourage belief in the worth of his creations. Belief is essential to a writer. Be he fashioning a tale about witty fools, enchanting women and spirited outlaws "in the greene forest soe pleasant and fayre", demanding of us a child-like credence, yet as real in its humanity as in its background of great trees and daintily stepping deer; or be he in a fever of revolt against the world and a fury at his own disillusionment—he must in both cases equally believe and be equally sincere. There is as much Shakespeare in *Timon* as there is in *As You Like It*, though the worth of the one be so much less than the worth of the other. Sincerity in the arts is vital to lasting success. The artist may be as wise as he knows how to be; but it is absolutely fatal to be clever.

A calm enjoyment seems to be a feature common among painters, particularly those of the English school. Reynolds, Gainsborough, Constable, Opie, Etty—the very names bring to mind sanity and serenity; and there are plenty of others. If modern art be set aside as a thing of new departure, it can still be said that this admirable attitude prevails. One of the most pleasing pictures in last summer's exhibition at the Academy was a portrait that might have been called "A Highbrow with a Harpischord", by Henry Lamb the Guy's man, whose fame is strangely neglected at Guy's. Gold, brown and yellow were the predominant hues, October's mildness and October's calm. The player himself was delineated as one mild and intellectual; and beneath his hands was the antique instrument that bespoke the epicure of music. How well I remember, when Sir Alfred Munnings had just put together the Chantrey collection, sitting silently enraptured before mist, green meadows, cows, the dawn and the dew of Arnesby Brown, simplicity itself, yet conveying that awe that is the soul of poetry! And beside me was an elder, who had journeyed all the way from Lincoln since daybreak, merely to look upon one specimen of art that aimed at pure delight.

Writers seem less satisfied with the world and with themselves than painters, the most prominent exception known to me being Theocritus, who asks no questions and delivers no judgments, the perfect example of a pure artist. I suppose that his *Harvest-Home* (*Idyll VII*) shows the mood of unclouded happiness more perfectly than any other piece of writing. Here is the close in Calverley's translation.

I ceased. He, sweetly smiling as before,
Gave me the staff, 'the Muses' parting gift',
And leftward sloped toward Pyxa. There we lay
Half-buried in a couch of fragrant reed
And fresh-cut vineleaves; who so glad as we?
A wealth of elm and poplar shook o'er head:
Hard by a sacred spring flowed gurgling on
From the Nymph's grot, and in the sombre boughs
The sweet cicada chirped laboriously.
Hid in the thick thorn-bushes far away
The treefrog's note was heard; the crested lark
Sang with the goldfinch; turtles made their moan,
And o'er the fountain hung the gilded bee.
All of rich summer smacked, of autumn all:
Pears at our feet, and apples at our side
Rolled in luxuriance; branches on the ground
Sprawled, overweighed with damsons; while we brushed
From the cask's head the crust of four long years.
Say, ye who dwell upon Parnassian peaks,
Nymphs of Castalia, did old Chiron e'er
Set before Heracles a cup so brave
As, ladies, ye bid flow that day for us
All by Demeter's shrine at harvest-home?
Beside whose cornstacks may I oft again
Plant my broad fan: while she stands by and smiles,
Poppies and cornsheaves on each laden arm.

Our poet nearest in spirit to Theocritus is Herrick, of whom Gosse says, "He contrives almost more than any other poet to fill his lyrics with warmth and sunlight, the odour of flowers, the fecundity of orchard and harvest-field. This Christian cleric was a pagan in grain, and he brings the old rituals to the very lych-gate of his church and swings the thyrsus beneath the roof-tree of his parsonage". Swinburne said that Herrick was the greatest song-writer of the English, as Shakespeare was the greatest dramatist; but ought we to apply the word "great" to artists of limited range, however exquisite their art? First, surely, must come the grasp on reality greater than our own, then the power to transmute the experience into beautiful form, and lastly there is perhaps some message that he has. The great man lends to sorrow a dignity and a robe of beauty to sadness; he enlarges our boundaries, gives wings to our hopes, sharpens our sensibilities, heightens our joy and deepens our wisdom. At times his power enters into us and we become, as the Bacchae became, ἔνθεοι, or "engodded".

A temperate attitude towards fame or wealth, an amiable desire to please, trust in the validity of the senses and carefulness in the use of words are things that lead to a sweet and stable life, so one would suppose; but the prevailing opinion is that artists are particularly liable to maladies of mind or peculiarities of behaviour and are pre-eminently the happy hunting-ground for amateur psychologists. I have not, however, seen the hundred suburban season-ticket holders, nor the hundred prosperous men of business, nor the hundred plain, blunt coal-miners set beside the hundred artists for comparison, and I suggest that, if such obvious oddities as the French romantics be set aside, no inferiority would be discerned. Recently, I must admit, there have been great changes. Not so many artists now create an ideal world out of man's life; not many sublime man's thought and feeling by beauty. Simultaneously there is widespread decay in the faculty for giving form to human experience. All sorts of ingenious explanations are put forward to justify the decline in form; but they do not modify the consequences, which usually are either that the artist's idea is badly represented or else that it is ousted by another never intended. Poetry, in spite of the fact that it should stimulate the intelligence, is now frequently unintelligible, very often loose in form, not seldom lacking measure; and the failure of poetry is commonly reflected in a most inaccurate and ill-written prose. When there is no insistence on meaning or form it is so much easier to accomplish what purports to be a work of art, that many persons now secure attention who would not previously have had enough ability or tenacity: the result is the intrusion of inferior material.

Another consideration is that, whereas the satirical and the grotesque have always had a place among the arts, today these two varieties are in excess. But the realistic novelists, journalists and essayists, who now adopt the satiric vein, are not like the true satirists, bold, fearless men, moved to the depths by the crime, misery or corruption of the society in which they move, but rather resemble petulant youths, who, finding the world too large and themselves too small, would drag down the beliefs and customs of their ancestors to compensate themselves for the discomfort that they feel. No courage is required : no trick is easier to do. The result again is the circulation of much inferior metal in the artistic currency.

But for the difficulties of our day there are probably much deeper sources than any of these. We should be right, I think, in believing that some of the peculiar features of modern art reflect a profound disturbance. The doctor is usually too busy enjoying "the unperverted consciousness of his benevolent and sensible life", as Mr. Shaw once called it, to find time for metaphysics. "Practical men", says Aristotle, "even when they ask themselves how a thing comes to be so, consider only the present application, never the eternal principle". Humanity as a whole however, is not so well placed as we are nor so exempt from troubling; and some good answer to metaphysical questions will have to be found before the assurance that gives birth to great art can be recovered.

An important source of stability was once Nature, with whom, every day, every hour, it is now more difficult to get in contact. Yet her lore can only be learnt directly through the senses and a beginning must, I believe, be made in early life. It is not merely that she is being dispossessed at a most alarming rate, but it is also true that she cannot bear intrusion. ὦ θεῖον ὀδμῆς πνεῦμα "Oh, breath of heavenly fragrance! Ranges here the goddess Artemis?" Not where an aeroplane roars overhead, not where harsh, town-bred voices intrude! She treads no shore where motorists are sprawling: no wood harbours her where District Councils affix a well meant notice. Only she is not dead, in spite of Peacock (*Gryll Grange*).

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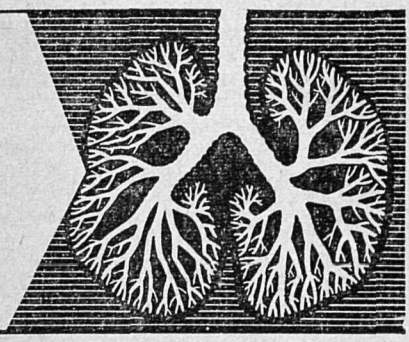

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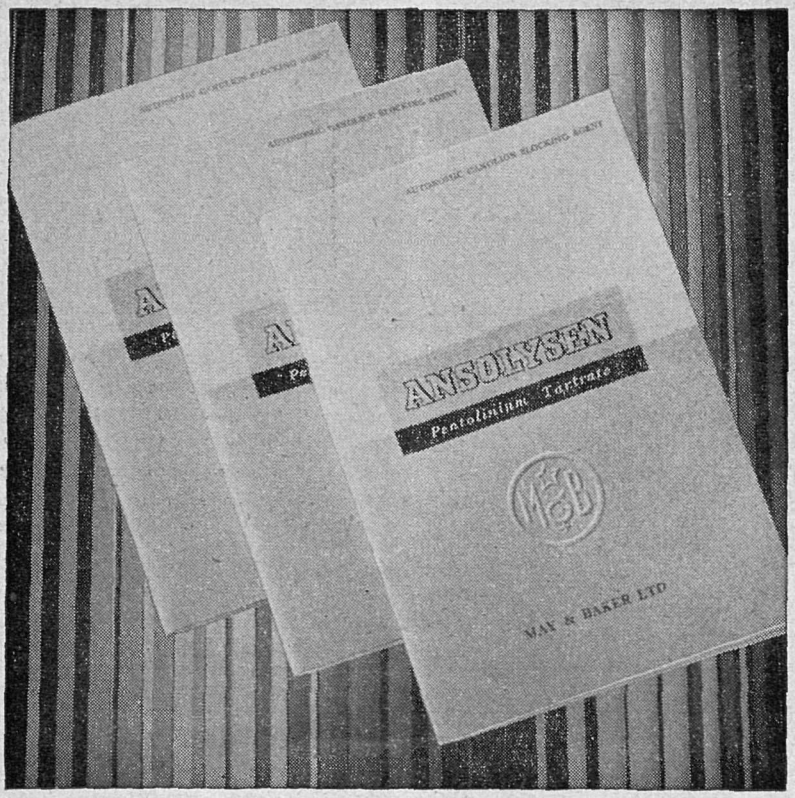

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Sweet is the lore which nature brings;
Our meddling intellect
Misshapes the beauteous form of things;
—We murder to dissect.

Enough of science and of art;
Close up those barren leaves;
Come forth and bring with you a heart
That watches and receives.
Wordsworth.

To commune with her an attention of the mind must be practised, either by one alone, or by one in company with his beloved or some close friend. I am convinced that Nature no longer enters into the intellectual life of a large number of our inhabitants, and that they are uneasy and nervous in consequence.

A second Nature, not the poet's, not a goddess, not a mother, may be studied in the books of the day. There men learn of cruelty and parasitism, of ruthless destruction alongside of extravagant fecundity, of reckless waste matched with niggardly economy, of clumsy devices side by side with exquisite artistry and of beauty marred by shame. There is yet another world too of which they may read, the astronomical. To the tranquil mind the Universe as now conceived may present itself as a rather ridiculous thing, as a giant gooseberry bursting into space, as an artless ostentation of mere size, as an exhibition of a transatlantic belief in bigness and of a boy's delight in scientific tricks and toys. yet yielding too a little space to the mother of Rome, fostering Venus, where she may bring forth as best she can whatever is beautiful, wise and lovable. Neither its folly nor its cruelty nor its extravagance are real obstacles to a belief that the Universe yearns towards perfection, nor that a Spirit of Beauty, pervading it, " gives grace and truth to life's unquiet dream ". Knowledge of that Intellectual Beauty may be won from high poetry or from the truths of philosophers; but again it is Nature in the Wordsworthian or Shelleyan sense that most easily provides the groundwork.

In solitudes
Her voice came to me in the whispering woods,
And from the breezes whether low or loud,
And from the rain of every passing cloud,
And from the singing of the summer-birds.

But take away that presence, and upon sensitive minds the astronomer's world may obtrude itself as a vista of distances that over-awe, of stars that blindly weave their web, of cold, cruel, empty space, of a sum of things where there is no governance beyond destiny or chance, where right and wrong are a chimaera; and that vision may awaken fear. It is the opinion of Epicurus that the gods of popular imagination are to be preferred to necessity or chance, because they can at least be influenced by prayer or propitiation; but who is the Epicurus today who has raised a torch in darkness, shed light upon the joys of life, made plain the sufficiency of Nature and rid the mind of fears? None of the new philosophies seem to be of any help and meantime the new world has cut itself off from the resources of the old. So what with the causes I have mentioned, and others, social and political, that I have not, the "feeling of insecurity", as the psychiatrists call it, is widespread and its influence on the arts is all too plain.

Therefore many portents and strange forms have arisen, nightmares and shapes that haunt the imaginings of those who have lost their mental balance. Startling creations born of new theories, extravagant absurdities that look like impostures and many fine and noble works fashioned after the canon of more regular art, jostling together, present us with a kind of Democritean new world, a confused turmoil, an unorganized mass, out of which some unimagined good may spring or, I must add, nothing after all may come to pass. It would be dull indeed to lose interest; for even if the arts as they are do not please so much, there is always the great heritage of the past. Art is like a sunbeam, our hidden thoughts the snowflakes that it loosens. Art is an embrace of beauty with our mind, whence the fair forms arise. It is the unbinding of Prometheus, the message blown on Asia's nuptial shell, setting free mankind,

Speaking the wisdom once they could not think,
Looking emotions once they feared to feel,
And changed to all which once they dared not be.

Man (says Shelley), has come into possession of a great mass of new knowledge, which he cannot absorb nor assimilate to his mind, because it has not been permeated by his imagination. The result is a paradox: the wonders of science have not set men free, they have enslaved them the more, and the control of the external world has not been balanced by an enlargement of the internal. It is the function of art to reduce the new material to a rhythm and order called the beautiful and the good. This was the teaching of him who lived, wrote, suffered for mankind and died a century and more before his time, now of more urgency even than then. The world never needed art so much as it does today.

CORRESPONDENCE

Letters to the Editor of the Gazette

"Passim" and the National Insurance Act

From Sir John Conybeare

SIR,—Your recent *Passim* stimulated me to look up the views of the *Gazette* during the years of war between the British Medical Association and the Liberal Government at the time of the National Insurance Act.

In August, 1911, when Mr. Lloyd George had met some of the objections brought by the B.M.A. but was still obdurate on others, there appeared in *Passim* a plea for the whole hearted support for the Bill. This produced a correspondence, mostly hostile to the Editor. He was not, however, deterred and in 1912 he attacked the B.M.A. and its policy. Talking of "strike" threats he wrote in *Passim*: "The B.M.A. should be stripped of the euphemisms which at present surround it, and should be recognized for what it is, namely Trades Unionism of the most advanced, and syndicalistic type."

The policy of the B.M.A. in attempting to debar any doctors who refused to sign the B.M.A. pledges from obtaining resident appointments in hospitals and posts as locum tenens or assistants also provoked the Editor to indignation.

In 1912 *Passim* prophesied "It is highly unlikely that medical men will beat politicians at their own game."

The Insurance Act had by 1912 become to a considerable extent a political issue between the Liberal Government and the Conservative Opposition. This is commented on in *Passim*: "In the conflict of rival political parties the doctors may serve as useful weapons on either side, but when the victory comes there is great likelihood of such weapons being left behind, thrown away and broken, on the field."

A Special Representative Meeting of the B.M.A. on 21st December, 1912, decided by 182 votes to 21 not to work the Act. On 4th January, 1913, the Editor wrote in *Passim*: "Surely the wisest course, and certainly the most honourable course from the point of view of the community, is for the profession to decide with the best grace possible to work the Act for a definite period."

The *dénouement* came rapidly. The great majority of doctors disregarded the exhortations of the B.M.A. and accepted service under the Act. On 18th January, 1913, a Representative Meeting of the B.M.A. by 115 to 35 passed the following motion: "That this Representative Meeting, recognising the force of present circumstances and consulting the best interests of the Association and the unity of the profession, now releases all practitioners from their pledges and undertakings."

It is worth while noting that the *Gazette* did not congratulate itself on the wisdom of its attitude and the correctness of its prophecies. It is also worth recording that both the editors, who incurred such odium at the time, subsequently were appointed to the visiting staff of Guy's.

14, St. Thomas Street,
S.E.1.

Yours etc.,
J. J. CONYBEARE.

Escape from Turmoil

SIR,—May I thank you most heartily for the sentiments you have expressed in the current issue of the *Gazette*, when you hope "that when action comes, all Guy's men and women will act entirely in accordance with their professional and social consciences."

In my humble opinion, better or sounder advice could not possibly be given.

14, Clarendon Road,
Southsea.

Yours etc.,
M. ASTON KEY.

SPORT

ROWING

The Head of the River Race

On Saturday 23rd March, the Tideway Head of the River Race was rowed on the Mortlake to Putney course. Guy's entered two VIIIs; the 1st VIII starting in position 82 went up by twelve places to finish in position 70. This was a good performance as the crew had had a number of setbacks during training, but out of the many University of London Colleges and Hospitals taking part Guy's 1st VIII was third, being beaten only by Imperial College and St. Thomas's Hospital.

The 2nd VIII starting in position 150 finished in position 183. This was a much better performance than the positions suggest as the entry was far greater this year and the standard of club crews considerably higher. The 2nd VIII were the first Hospital 2nd VIII home and won the United Hospitals Pennant for Clinker VIIIs. Indeed, only Imperial College of the University of London College 2nd VIIIs beat Guy's.

1st VIII

Guy's were off to a rather fluffy start, striking 26 in the first minute and steadying out to 30, which was probably a little higher than the crew's optimum rate. Crew 83 were gaining quickly on Guy's at the start, but after Barnes Bridge Guy's were holding them 2-3 lengths behind. Guy's were rowing well at a steady rating of around 30 and crew 83 were making no further impression. Tumultuous support at Hammersmith bridge gave the crew added heart and they soon passed crew 74. From Harrods to the finish at Putney, Guy's battled hard to hold off crew 83, but they did this admirably and as the crew rowed up the last straight at Putney, Guy's rating 32 drew away from crew 83 and finished the course strongly in a time of 20 mins. 52 secs. The crew did as well as expected and rowed with gratifying unity and cohesion.

2nd VIII

Guy's were off to a good start at a high rating. Although the rating was causing some rushing forward, crew 151 were soon being left behind. Guy's were not making any impression on crew 149, but crew 148 were passed opposite Hammersmith pier and the crew continued well. By the time Beverley Brook was reached, and the finish in sight, crew 151 were making up the lost ground, but stroke kept a tired crew going well to the finish, reached in a time of 21 mins. 48 secs. The crew were an exceptionally keen crew and well deserved the United Hospitals clinker pennant.

CREWS

1st VIII		2nd VIII	
Bow	M. A. Young	*Bow*	S. King
2	M. R. Boundy	2	D. Orlans
3	R. H. S. Mindham	3	G. Read-Ward
4	D. C. Inman	4	P. Nicklin
5	J. D. Pullan	5	W. Long
6	T. H. Redpath	6	J. White
7	H. R. Rippon	7	R. Andrews
Stroke:	M. S. Parrish	*Stroke:*	F. Schweitzer
Cox :	A. E. P. Hudson	*Cox :*	J. Bradley

GUY'S HOSPITAL CROSS COUNTRY CLUB

Winners of the Kent Hughes Inter-Hospitals' Cup, 1957

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A. J. Parratt *C. Wastell* *J. S. Tomkinson, Esq.* *R. B. Huddy* *M. A. Ford*
(President)
Inset : J. W. S. Rickett

HOSPITAL INFORMATION

APPOINTMENTS

Dr. George Francis Swann has been appointed Consultant Radiologist to Westminster Hospital, London, S.W.1, as from January, 1957. For the past three years Dr. Swann has held an appointment at the National Hospital for Nervous Diseases, Queen Square, London.

UNIVERSITY OF LONDON

Chair of Dental Prosthetics

Dr. Arthur Oliver Chick has been appointed to the Chair of Dental Prosthetics, tenable at the Royal Dental Hospital of London School of Dental Surgery from 1st July, 1957, or as soon after as is practicable.

NEW YORK ACADEMY OF SCIENCES

Membership

January, 1957

H. Douglas Lamb, M.D.

RECOGNITION OF TEACHERS

Full Recognition

Maurice Aubrey Partridge, M.A., D.M. (Oxf.) as a Teacher of Mental Diseases at St. George's Hospital Medical School.

John Stanley Tomkinson, M.B., Ch.B., (Birm.), F.R.C.S., M.R.C.O.G., as a Teacher of Obstetrics and Gynaecology at Guy's Hospital Medical School.

GUY'S HOSPITAL

The following Dental House Surgeon appointments have been made by the Dental Committee for the period 8th May to 7th November, 1957:

Resident Dental House Surgeon: Mr. N. M. Hepburn.

General Duties House Surgeon: Mr. R. E. Turner.

Children's House Surgeon: Mr. D. I. Joiner.

APPOINTMENTS VACANT

Applications are invited for the post of **Assistant to the Director of the Department of Child Health** with duties commencing on the 1st July, 1957. The appointment will be for one year in the first instance. Salary scale: £1,500 x £100 to £1,800 with superannuation and family allowance.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **18th April, 1957.**

Applications are invited for the post of **Anaesthetic Registrar** (non-resident) to the Department of Anaesthetics. The appointment will be until 30th September, 1958, in the first instance, duties commencing as soon as possible. Applicants should have held a recognised Resident post in Anaesthesia.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **19th April, 1957.**

GUY'S HOSPITAL and MEDICAL SCHOOL

Applications are invited for the following vacancies on the Junior Staff of the Hospital for the year starting 1st October, 1957. Appointment will be for one year, except for the posts of Senior Registrar under the Exchange Scheme, which are marked with an asterisk and fuller details are given below.

Forms of application are obtainable from, and should be lodged with, the Superintendent, not later than **13th May, 1957.**

General Medicine
- Senior Registrar* 1
- Medical Registrars (mid-grade) 2
- Junior Medical Registrars 3

General Surgery
- Senior Registrar* 1
- Surgical Registrar (mid-grade) 1

Obstetrics
- Obstetric Registrar (mid-grade) 1

Orthopaedics
- Orthopaedic Registrar (mid-grade) .. 1

Psychological Medicine
- Chief Assistant to Child Guidance Clinic .. 1
- Registrars in Psychological Medicine .. 3

Physical Medicine
- Registrar (mid-grade) 1

Diagnostic Radiology
- Registrars (mid-grade) (one from 1.10.57, and one from 1.12.57) 2
- Trainee Registrar (appointment for 2 years) 1

Clinical Pathology (including Evelina Hospital)
- Registrars (mid-grade) (one from 1.6.57) .. 4

Ear, Nose and Throat
- Senior Registrar* 1
- Registrar (mid-grade) 1

Ophthalmology
- Registrars (part-time) 3

Dermatology
- Registrar (whole-time) 1
- Registrar (part-time) 1

Neurology
- Chief Assistant 1
- Registrar (mid-grade) 1

Anaesthetics
- Senior Registrars 2
- Registrars (mid-grade) 2

Paediatrics (including Evelina Hospital)
- Senior Registrar 1
- Registrar (mid-grade) 1

Thoracic Surgery
- Senior Registrar 1

Radiotherapy
- Registrar (mid-grade) 1

Endocrinology
- Registrar (part-time) 1

Venereal Diseases
- Registrar (part-time) 1

Haematology
- Assistant Haematologist and Blood Transfusion Officer 1

**Exchange Scheme*

General Medicine (with Bromley Group)—1st, 2nd and 4th Guy's and 3rd Bromley.

General Surgery (with Bermondsey and Southwark)—1st and 4th Guy's and 2nd and 3rd Bermondsey and Southwark.

Ear, Nose and Throat (with Bromley Group)—1st, 2nd and 4th Guy's and 3rd Bromley.

Applications are invited for the following vacancies on the Junior Staff of the Medical School for the year starting 1st October, 1957. Appointment will be for one year unless otherwise stated.

Forms of application are obtainable from and should be lodged with, the Dean, not later than **13th May, 1957.**

Anatomy
- Junior Lecturers (whole-time) 3
- Junior Lecturer (part-time) 1

Physiology
Lecturer 1
Junior Lecturer 1
Morbid Anatomy and Histology
Junior Lecturers 3
Gull Student 1
Chemical Pathology
Anderson Demonstrator of Clinical Chemistry 1
Medicine
Assistant to Director 1
Assistant (Research) to Director .. 1
Surgery
Junior Assistant to Director 1
Obstetrics
Assistant to Director (part-time) 1
Student Health Service
Assistant to Director (part-time) 1

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the following Fellowships and Studentships. Applications should be made not later than 13th May, 1957, on a form to be obtained from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

The Adrian Stokes Memorial Fellowship
The Fellowship is open to qualified Medical Practitioners or Graduates in Science in Pathology or Bacteriology. Applicants must not be more than 30 years of age and must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure, at a University, School or Hospital or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of £258.

The Arthur Durham Travelling Studentship
Candidates for the Studentship must be registered medical practitioners who have studied at Guy's Hospital Medical School. The Student is required to proceed abroad for the purpose of carrying out such investigations as may be approved or directed by the Board of Electors, and shall undertake to reside continuously abroad for a period of not less than six months. The Studentship is of the value of £120.

The Francis Lett Scholarship
Candidates for the Scholarship must have studied at Guy's Hospital Medical School, and are eligible up to five years after qualification, excluding the period of Military Service. The Scholarship may be held by itself or in conjunction with other Studentships. The purpose of the Scholarship is to enable the Scholar to obtain experience in other Medical Schools or Hospitals, at home or abroad. Candidates must submit their proposed programme with their application. The Scholarship is of the value of £476.

The Greville Studentship
The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, holds the appointment for a period of two years, renewable annually for a further period of three years, making five years in all. The Studentship is of the value of approximately £32 per annum.

The Beaney Scholarship for Materia Medica
Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying on original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the value of approximately £96 per annum.

HOUSE APPOINTMENTS

1st June, 1957

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st June, 1957.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetrician (*Post-Registration*) .. 1
(*Commencing* 1.7.57)

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital (*Pre-Registration*) 2

Throat and Ear and Ophthalmic House Surgeon 1
(*Pre-Registration*)
(3 months at Guy's Hospital followed by 3 months at New Cross Hospital).

General Duty House Surgeon in the Guy's Unit at New Cross Hospital 1
(*Pre-Registration*)

Dermatological House Physician 1
(*Post-Registration*) (*Commencing* 25.7.57).

Genito-Urinary House Surgeon 1
(*Pre- or Post-Registration*)
(For 2nd six months candidates only).

House Surgeon to the Thoracic Unit 1
(*Pre- or Post-Registration*)

Children's House Physician 1
(*Pre-Registration*)
(For 2nd six months candidates only)

Children's House Surgeon at the Evelina Hospital (*Pre-Registration*) 1

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

Resident Anaesthetists 2
1 Senior House Officer (Commencing 1.7.57)
1 (*Post-Registration*) (Commencing 1.7.57)

R.M.O. Nuffield House 1
(Commencing 1.7.57)

The Medical Committee will also consider applications for posts at outer hospitals as follows :—

ORPINGTON HOSPITAL
House Surgeons (*Pre-Registration*) .. 2
(1 to Mr. Russell)
(1 to Mr. Laurenson)

E.N.T. and Orthopaedic (*Pre-Registration*) 1
House Surgeon. (To Mr. Rainer and Mr. Fripp)

ST. OLAVE'S HOSPITAL
House Surgeons (*Pre-Registration*) .. 2

ST. JOHN'S HOSPITAL, LEWISHAM
House Physician (*Pre-Registration*) .. 1
Casualty Officer (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL
House Surgeon (To Mr. Jemson) .. 1
(*Pre-Registration*)

JOYCE GREEN HOSPITAL, DARTFORD
House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1

QUEEN MARY'S HOSPITAL, SIDCUP
House Physician (*Pre-Registration*) .. 1
House Surgeons (*Pre-Registration*) .. 2

PEMBURY HOSPITAL
House Surgeons (*Pre-Registration*) .. 2
House Physician (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital in order of preference, should be lodged in the Superintendent's Office not later than **Wednesday, 1st May, 1957.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointment at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1957 :

Department of Conservative Dental Surgery
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Dental Prosthetics
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Dental Department for Children
Part-time Registrars to attend on 6 or 3 sessions per week.
Orthodontic Assistants to attend on 6 or 3 sessions per week.

Assistants to the Visiting Dental Surgeons
Part-time Registrars to attend on 6 or 5 sessions per week.

Clinical Dental Surgery
Part-time Registrar to attend on 2 sessions per week.

Department of Preventive Dentistry
Part-time Registrars to attend on 5 or 3 sessions per week.

Casualty Department
Part-time Registrars to attend on 6 or 5 sessions per week.

Minor Oral Surgery
Part-time Registrar to attend on 6 sessions per week.

Dental Radiology
Part-time Registrar to attend on 6 sessions per week.

Ante-Natal Clinic
1 Dental Officer to Salomons Centre for 1 session per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Wednesday, 8th May, 1957.**

Applications are invited for the post of **Staff Dental Officer,** grading General Dental Practitioner. Duties to commence on 1st October, 1957, for attendance on 8 sessions per week. Applications should be lodged with the Superintendent, on or before **30th April, 1957.**

DENTAL HOUSE SURGEONS

Applications are invited for the following posts for the period 8th May to 7th November, 1957 :

General Duties House Surgeons—2 vacancies.

Prosthetics House Surgeon—1 vacancy.

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CHANGES OF ADDRESS

Arthur Bullied, F.D.S., M.R.C.S., 60, Portland Place, W.1. (Tel. Welbeck 6202).

G. R. W. N. Luntz, M.R.C.P., 127, Selly park Road, Selly Park, Birmingham, 29.

I. D. Thomas, B.D.S., L.D.S.R.C.S., 4, Borbourne Terrace, Worcester.

W. J. Tulley, B.D.S., F.D.S., D.Orth.R.C.S., 13, Liphook Crescent, Forest Hill, London, S.E.23. (Tel. FOR 8528).

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Booth, Mollie, Hunt, J. N., Miles, Jillian M. and Murray, F. A. Comparison of Gastric Emptying and Secretion in Men and Women with Reference to Prevalence of Duodenal Ulcer in each Sex. *Lancet*, 1957, i, 657.

Brock, Sir Russell and Whytehead, L. L. Radical Pneumonectomy for Bronchial Carcinoma. *Brompton Hosp. Rep.*, 1955, **24**, 164.

Citron, K. M. Renal Impairment in Sarcoidosis with Special Reference to Nephrocalcinosis. *Brompton Hosp. Rep.* 1955, **24**, 61.

Citron, K. M. and another. Stenosing non-caseating Tuberculosis (Sarcoidosis) of the Bronchi. *Thorax*, 1957, **12**, 10.

Fleming, Peter and another. Percutaneous Left Ventricular Puncture in the Assessment of Aortic Stenosis. *Thorax*, 1957, **12**, 37.

Horton, R. E. and others. The Possible Role of Surgery in the Treatment of Anomalous Left Coronary Artery. *Thorax*, 1957, **12**, 28.

Plummer, N. S. and others. Respiratory Granulomatosis with Polyarteritis Nodosa (Wegener's Syndrome). *Thorax*, 1957, **12**, 57.

Trethowan, J. D. Experiments in Endoscopic Photography. *J. Photographic Soc.*, 1956, **4**, 145.

BIRTHS

CHALMERS.—On 7th March, 1957, at Nuffield House, to Lorna, wife of Donald Chalmers, M.B., B.S., a daughter (Fiona Grant).

GILLIBRAND.—On 23rd February, 1957, to Heather (née Gradon) and Richard Gillibrand, a daughter.

GRIFFITHS.—On 26th March, 1957, at Bransford, Hereford Road, Monmouth to Janette, wife of George E. Griffiths, M.B., B.S., D.C.H., a daughter (Anne Elizabeth).

HORSFALL.—On 6th March, 1957, at Witbank, South Africa, to Nancy (née Hudson, S.R.N.), wife of Dick Horsfall, a daughter.

MAY.—On 31st March, 1957, at Kingston Hospital, to Thelma (née Dowson), wife of David May, M.B., B.S., a daughter (Josephine Lindsay), a sister for Christopher.

SCOREY.—On 20th March, 1957, at the Shrubbery Maternity Home, High Wycombe, Bucks., to Diana (née Walley), wife of John Scorey, M.B., B.S., a son (Jeremy John).

SWANN.—On 26th March, 1957, to Mair Christine (née Elsom), wife of G. F. Swann, M.R.C.P., a son (George Peter), a brother for Mark, Victoria, Elizabeth and Sarah.

DEATHS

DUCKWORTH.—On 8th March, 1957, John Edwin Hardie Duckworth, *M.C.*, L.D.S. R.C.S., of Park House, Hendon Lane, Finchley, N.3.

HOVENDEN.—On 14th March, 1957, Gerald Stanley Hovenden, M.D., M.B., B.S., of 99, Church Road, Barnes, S.W.13.

RIX.—On 28th March, 1957, suddenly, Reginald Harry Rix, L.D.S.R.C.S., of Saxons North Cliffe Drive, Totteridge, and 12, Upper Wimpole Street, W.1.

STEBBING.—On 23rd March, 1957, John Garvin Stebbing, M.B., B.S., of Liskeard Gardens, Blackheath, S.E.3.

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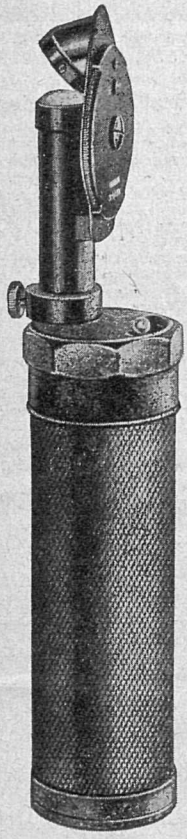

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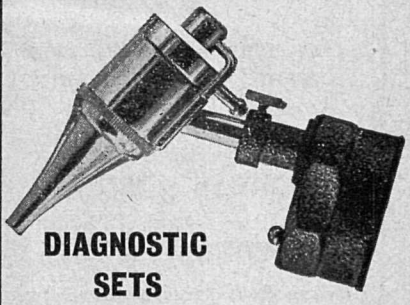

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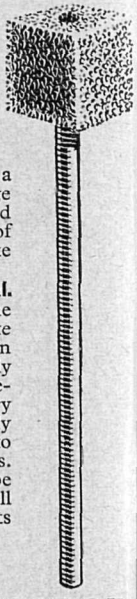

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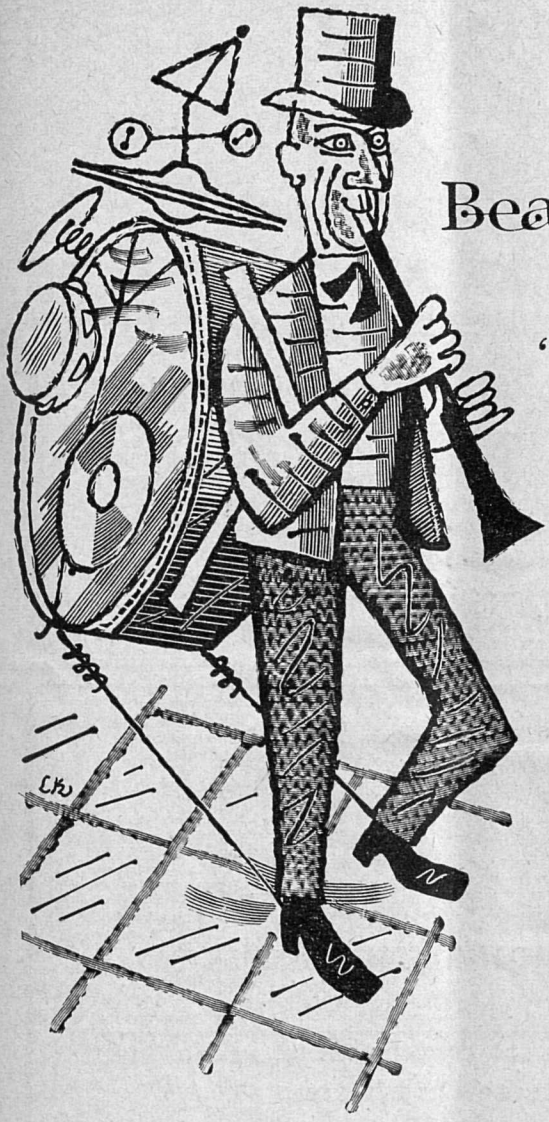

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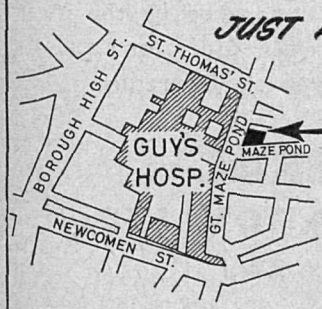

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GUY'S HOSPITAL GAZETTE

27th April 1957

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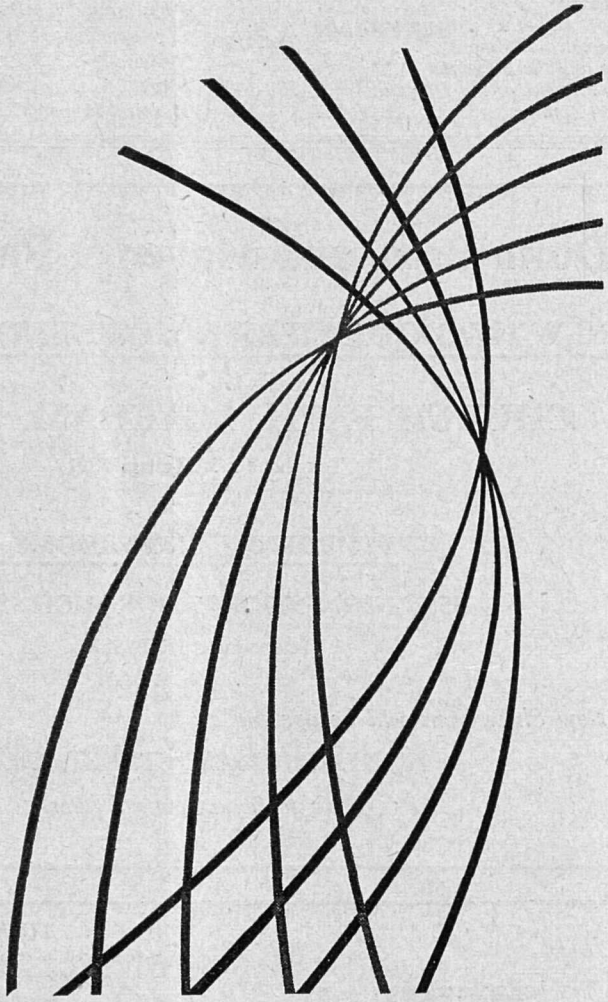

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PASSIM

The Piper Painting

AFTER the War the Board of Governors decided to commission a painting of the Hospital to be hung in their Board Room, and it says much for their good taste that their choice of artist fell on Mr. John Piper. To some extent the kind of painting he would produce of Guy's could be anticipated from his interest in architectural subjects and his dramatic treatment of them, as his pictures in the Tate Gallery show. A further clue to his style is undoubtedly his love of the theatre and his connection with it ; among his many stage designs we think particularly of those for the Glyndebourne *Don Giovanni* and for *The Turn of the Screw*, and his latest fanciful contribution to *The Prince of the Pagodas* for the Royal Ballet. The painting of Guy's, completed last year, is typical of his idiom, and we are proud to be able to publish reproductions both of the painting and of the preliminary sketch which the artist presented to Sir John Conybeare, who did so much to bring the Governors' scheme to fruition. The paintings were photographed for us by Mr. C. E. Engel, and we are greatly indebted to Mr. Piper for permission to reproduce them, and to the owners for their co-operation in arranging for them to be photographed. Reduced to black and white, and after emerging from the processes necessary for printing on a *Gazette* page, these can of course be but an indication of the glories of the originals, but we hope they will stimulate our readers to see the paintings for themselves.

The final painting is not so well known as it ought to be, and unfortunately cannot be seen to its best advantage at the moment, for it has been hung in the Staff Common Room in horrible proximity to a large set of flashing lights. We hope that an opportunity will be taken shortly for it to be seen in public in better conditions. The ideal opportunity presents itself in the shape of the coming exhibition of the Art Society ; the aptness of crowning the exhibition with the Piper, and the interest of comparing the finished work with its preliminary sketch, should appeal to all concerned to make this possible. After the exhibition, we hope that it will be hung where it can be seen to best advantage by all connected with the Hospital. This is, after all, the first picture of Guy's of any note since the early 19th Century prints, and like them will probably remain long after the last brick of the present Hospital has crumbled to dust.

The Annual Dinner of the Fellowship for Freedom in Medicine was held at the Kensington Palace Hotel, on 12th April. Some of our readers may be unaware of the existence of the Fellowship, which was founded by Lord Horder in 1948, and which deplores excessive interference by the State into Medicine, while encouraging the development of private practice. After dinner a debate was held on the subject " Medicine in the Balance ", and some hard things were said about the National Health Service, which was compared by Mr. Dickson Wright to a " leaky bucket ". Quite apart from the degeneration of the patient-doctor relationship and the feeling of being a hired employee of the State, the alarming increase in the expenditure on the National Health Service, most of which falls at the door of the hospitals, would seem to merit a survey of the whole structure of the Service. The better bill of health claimed by the State since the introduction of the National Health Service may have something to do with Sir Alexander Fleming's discovery of penicillin and other advances. The fact remains that before the National Health Act there was a medical service second to none in this country, and apparently no one else wishes to copy our present service. The Fellowship adknowledges the good features of the National Health Service, and is to publish its own recommendations in the near future, which one hopes will be read in the appropriate government departments.

Ever since we wrote critically of the 1956 Christmas Show we have been haunted by an irrational fear that we should live to regret it. The *dénouement* has come from an unexpected quarter. The *New England Journal of Medicine* has published an excellent article entitled " Christmas at Guy's "[1] by Dr. John Merrill, who is Assistant Professor of Medicine at Harvard Medical School, and was visiting Guy's recently to do some work in the Pathology Department. With great economy of words he paints a graphic picture of the surroundings of Guy's and their historical associations, and having set the scene gives a very sympathetic account of Christmas in the Hospital. He pays us the compliment of quoting the *Gazette*, but alas, we emerge in an unfortunate light, for it is our strictures on the Christmas Day entertainment and, from the same issue, some critical remarks about the Music Club's *Messiah* that are retailed to the New Englanders, who we fear will obtain a picture of a happy and harmonious Christmas marred only by the Scrooge-like comments of crabby journalists in St. Thomas's Street. We shall think twice before we are again so ungenerous as to throw shadows across the conviviality of the Christmas scene !

If the examiners in the London Final M.B. last week expected answers written in good English, they did not provide a very good model in the surgery paper. Punctuation was the weak point, reaching an illiterate level with one question : " How would you perform a gastric test meal, discuss the diagnostic value of this investigation." In the same paper another question read " Describe the anatomy of

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[1] *New Eng. J. of Medicine (1957)*, **256**, 355-357.

the Gall Bladder and the extra hepatic bile ducts." We doubt whether any candidate dared to point out the difference between ' extra hepatic ' and ' extrahepatic ', or to express his curiosity as to why the gall-bladder alone of all the organs mentioned in the paper should be dignified by capital letters. It is only in medical writing that such careless indifference to detail is tolerated, and it all contributes to that indigestible jargon which is so euphemistically referred to as ' the literature '.

A reader points out the remarkable coincidence by which the first four appointments announced in *Hospital Information* in our last number concerned Drs. Swann, Chick, Lamb and Partridge ; a vernal succession which had escaped the editorial eye. Any correspondent who can cap this with similar occurences (" In our office there is a Mr. Brown, a Mr. Green, and a Miss White. Is this a record ? P. Grey ") should send his letter, not to the *Gazette*, but direct to the *Sunday Express*.

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *The Hip.*
29th	M	1.00	Dr. R. C. Mac Keith. Clinical Lecture. *Learning Symptoms.*
30th	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture. *Some Surgical Instruments you should know.*
MAY			Exhibition. Department of Surgery. *Burns.*
2nd	Th	5.00	X-ray Meeting. Medical X-ray Department.
3rd	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
7th	T	1.00	Mr. Guy Blackburn. Clinical Lecture. *Diverticula of the Alimentary Canal.*
9th	Th	1.00	Dr. D. M. Carnegie. Clinical Lecture. *Anæsthesia in General Practice.*
		5.00	X-ray Meeting. Gordon Museum. Mr. Murray Falconer. Neurosurgical Demonstration.
10th	F	1.00	Dr. J. C. Houston. Clinical Lecture.
		3.00	Annual General Meeting and Reunion of Guy's Hospital Nurses' League.
11th	S	10.00	Departmental Round. Mr. Rodney Smith (Middlesex Hospital). Clinical Theatre.
13th	M	1.00	Dr. J. J. Fleminger. Clinical Lecture.

OBITUARY

GERALD STANLEY HOVENDEN, M.D.

Dr. G. S. Hovenden died at Putney Hospital on 14th March, at the age of 87. He was educated at Whitgift and Guy's, qualifying with the Conjoint diploma and London M.B. in 1894, and obtaining his M.D. in 1896. Shortly afterwards he entered general practice in Barnes, and practised there for over fifty years ; he had the versatility that goes with the best of general practitioners, for he was an excellent anæsthetist, pædiatrician and obstetrician, and performed many tonsillectomies and adenoidectomies. He was greatly loved and respected in the practice in which he spent his life, and which is now being carried on by his son.

HELP FOR THE STAMMERER

A Clinical Lecture delivered at Guy's Hospital Medical School, on Thursday, 4th February, 1957.

By LEONARD WILLMORE

STAMMERING is the most common and the most challenging of all speech disorders. A great deal of literature has appeared on this subject, and some comprehensive research projects have been carried out in recent years. The true nature of stammering and its exact ætiology, is still controversial. We have, however, moved a long way from the concept of stammering as a simple motor defect of utterance to be treated by direct control of speech symptoms. Stammering has been said to stem " partly from an undefined constitutional factor that renders the speech apparatus vulnerable to homeostatic imbalance, and partly from a personality disorder which involves the individual's capacity to assert himself—to express his needs in relation to others."(1) Such a definition leaves the two main questions unanswered : " What is the nature of the underlying ' homeostatic imbalance ? ' and ' What underlies the ' personality disorder ? ' "

The concept of homeostasis is not new. It has been given fresh impetus by recent studies, particularly in the field of electroencephalography. The theory of homeostasis is derived from those types of electrical circuits which operate by negative feed-back. " They establish some particular state of the system, and they bring it back toward that state by an amount which increases with the deviation from that state ".(2) The application of this principle to living organisms provides insight into the mode of operation of basic processes of stabilization and control which are well known to you all. Motor co-ordination of posture and movement also operates on a system of feed-back chiefly from the eyes, the labyrinth, and the muscles. A similar system of control has been drawn into the service of man's chief distinguishing feature—articulate speech. " For mammals homeostasis was survival, for man, emancipation."(3)

The act of speaking is the end product of numerous compensating adjustments which reflect a synthesis of mental and physical processes more complex than any other mode of behaviour. The term homeostasis when applied to speech implies not only neuro-muscular co-ordination of a highly complex nature, but also the scanning within the brain to evoke and organize the verbal symbolization of language itself. This miracle of psychosomatic integration is a continuous performance in which each successive step is released only when preceding steps are sensed to have been satisfactorily carried out. The feed-back principle on which it relies is basic in all organized behaviour, but in spoken language it rises to sublime heights. The study of any homeostatic disturbance which may underlie stammering, must take all these factors into account.

Electroencephalography

The comparative study of bio-electrical brain potentials in normal speakers and stammerers has not been extensive. A review of these studies by Short in 1954(4) revealed some discrepancies in the findings of different investigators. It is, of course, clearly established that stammerers show no basic abnormality of E.E.G.—such as is found in epilepsy or encephalitis. It does not appear to have been established whether stammering is more prevalent in one or another of the known variations of brain rhythms, but the report of two investigators in 1955(5) suggests that there are disturbances in the regulation of brain potentials similar to those described in certain nervous, psychological and psychosomatic disorders.

A more generally held theory is that absence of a firm cerebral dominance in one hemisphere or the other may lead to " rivalry," and resultant predisposition to stammering. The E.E.G. findings of several workers confirm this theory(6)

but there is also some evidence that similar E.E.G. abnormalities are, in fact, commonly met in subjects who do not stammer.

Some public attention has recently been drawn to a project being conducted at a London hospital as a result of the suggestion put forward by Cherry and Sayers(7) that stammering may be referred to instability of the " closed-cycle feedback action, by which means a speaker continually monitors and checks his own voice production." These writers do not refer to an earlier experiment carried out in the U.S.A. by Shane in 1946(8). This investigation stemmed from the observation that among some 28,000 children attending deaf schools there was a smaller percentage of stammerers than in the general school population. This led to an experiment to see what effect would be produced on stammerers by a loud masking noise fed to both ears during the reading of a passage. The experiment was carried out with a group of 25 stammerers—10 of whom were utilized as a control group. A passage of 250 words was read first without masking noise, and, then, after a short rest a similar passage was read with the ear-phones on. The mean percentage of reduction of stammering between the two passages was 83.5. The high percentage of reduction with the masking noise was regarded as indicating that " auditory cues arising from his own voice probably serve to increase the stutterer's anxiety concerning his speech." No further conclusions were drawn from this experiment. Similar results have been obtained in the London experiment, and, while it is recognized that loud noise masking is not likely to prove of any therapeutic value, other techniques are being used to test the theory that stammering may be a perceptual defect. As speech depends primarily upon auditory perception and memory, it is clear that a close link exists between those parts of the brain which are concerned with hearing, and those which are activated in the motor patterns of utterance. Whether a disturbance of this link is, in fact, the primary or maintaining factor in stammering is by no means certain.

Personality disorder

If we assume that some form of homeostatic imbalance is responsible for, or accompanies, stammering, we have then to consider its effects and implications in the conscious life of the individual. Some psychiatrists, indeed, consider psychological disturbance in itself to be responsible for stammering. The predominant view in the U.S.A., where many detailed investigations have been carried out, is that a neurophysical element outside the individual's control, is present which leads to conflict between the desire to speak and the desire to avoid expected stammering.(9)(10) This view has lead to methods of treatment directed chiefly towards preventing or reducing secondary symptoms of anxiety, tension, social morbidity, and the undesirable effects on children of adult interference or " help." The patient himself often presents a complex enough problem. When the effects of domestic and other environmental stresses are also taken into account, it is obvious that no stereotyped method of treatment is possible. We are dealing with a " state of affairs "—not with an isolated defect of speech.

Symptoms range from a momentary " hold-up " without visible sign, to a succession of violent struggling actions involving not only the organs of speech but also the face, limbs, and sometimes almost the entire body. In some cases speech difficulty is constant, in others it occurs intermittently or only in certain situations. The onset of stammering usually occurs before inter-personal relationships and language are stabilized. It is sometimes present almost from the beginning of speech. It may be precipitated by emotional upset or illness, and it is more likely to persist in a nervous or excitable child. Some degree of non-fluent speech occurs in many young children who never become stammerers. The critical evaluation and correction of a child's speech at this time is a frequent cause of persistent stammering. Parents seldom have any real insight into the nature of stammering and many fall into serious error by attempting to assist, or by expecting the child to do something to control his speech. Parents should seek guidance as soon after its onset as possible. " Don't worry, he'll grow out of it " is not enough. The main aim at this stage is to prevent speech-consciousness and conflict arising in the child's mind. Kinds of mistaken handling frequently met with are : attempts to alter the child's method of speaking (" Think before you speak." " Take a deep breath before you speak." " Speak slowly ") ; interrupting and checking when stammering occurs (" Now stop, and say that again slowly "—which, in fact, the child can often do) ; attempts to anticipate what the child is

trying to say ; forms of speech or articulation " drill." These, and similar practices should be avoided. The child's speech should be accepted without comment. If he is very disturbed or frustrated his attention should be diverted, and he should be reassured as far as possible without suggesting any direct control of speech.

The reactions of stammerers are so variable and incalculable that it is impossible to predict whether school life will help or hinder its elimination. The teacher cannot actively treat or advise stammerers in class, but much depends upon the influence which the teacher exerts on the child's mind. Direct scrutiny or interrogation in front of others is often a source of tension. The child should not, however, be excused from routine speech activities of the class unless this is particularly requested. His manner of speech should be accepted without comment or criticism. " *Helping out* " *is invariably harmful in the long run.* The fact that he speaks normally in certain situations must not be taken to indicate that *if he tried* he could speak normally at all times. A child who shows a clear preference to use the left hand for writing should be allowed to do so. In many instances the school situation becomes the main source of communicative pressure. The problem is sometimes very complex and may demand much patience and sympathetic understanding over a long period of time.

Outlines of Treatment

In discussing forms of treatment I must inevitably be guided by my own experience and convictions. Some procedures are generally accepted and in common use, but help for the stammerer takes many forms, and, as in other fields, therapeutic methods are constantly changing, and, one hopes, improving. I shall discuss treatment in a very general way ; some approaches being more suitable to children, and some to adults—about whom I shall have something to say later. An approach which would be quite suitable in one case, may be unsuitable in another. There is no such thing as " a *method* " of treatment for stammering.

It is well known that many stammerers speak normally in certain circumstances. Broadly speaking, these are :—

(1) When inter-personal communication is not present, or is not apprehended. (Speaking alone ; speaking to animals or children ; in familiar situations where expectancy of stammering is absent.)

(2) When supported or distracted. (Speaking in unison with another voice or voices ; when " shadowing " or copying the voice of another, or when " masked " by a loud noise ; speaking in an " assumed " voice or whisper.)

(3) When the act of speech is greatly simplified. (In casual comment ; speaking by rote or in simple series ; and in certain relaxed states.)

The common factor in all these circumstances is that no conscious effort to speak or to avoid stammering is then present. Clearly, one of the objects of treatment will be to give the patient such experience, and to help him maintain the physical and mental attributes of it when under normal stress.

It has been suggested by Cherry and Sayers[7] that the technique of " shadowing " may have special value as a remedial procedure. During shadowing practice, the therapist reads a passage from a book and the patient " shadows " him by speaking the same words as he hears them, without seeing the text, so that both are speaking together, but not in unison. During this procedure " the subject's perceptions are transferred to a large extent, away from his own voice to the control speaker's voice." He is, therefore, relieved of most of the essential processes involved in extempore speech, and, as one would expect, he succeeds in doing this easily, after very little practice. In seeking to explain this fact, the writers have investigated the effects of different pitch components in speech. This has led them to suggest " tentatively " that stammering may be associated with " an abnormality in perception of low frequency components of the larynx tones of the stammerer." If such a hypothesis could be proved, it might help to lay the ghost of the illusive " homeostatic imbalance." The writers recognize that there are " some alternative hypotheses " to their theory, and these alternatives are not to be lightly dismissed. The important question, however, is whether the techniques of shadowing, and related supportive practices, are, in fact, new or improved forms of treatment. It is a relatively simple matter to give a constant stammerer

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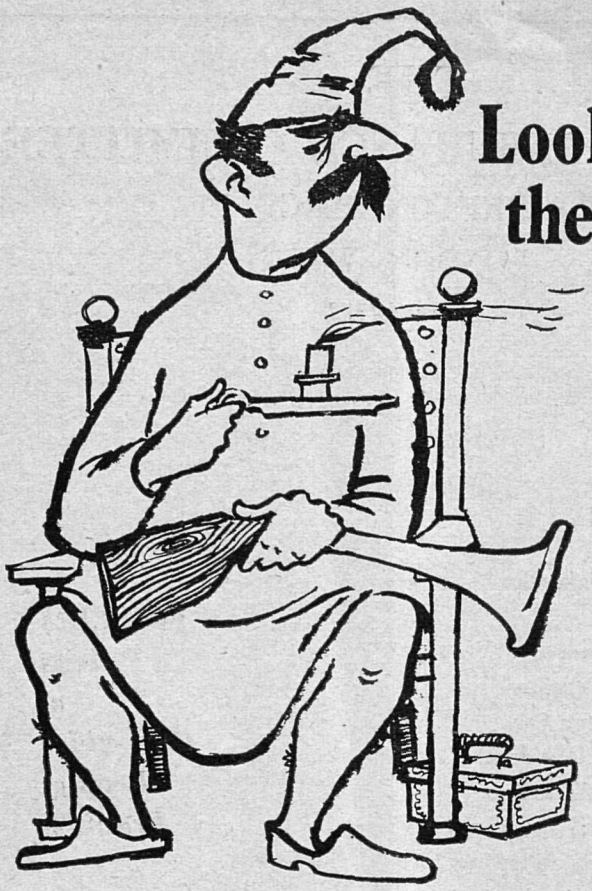

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the experience of fluency while under clinical guidance of some kind. The experience of fluent, or near-fluent, speech without effort forms an integral part of therapy. It is important, to my mind, that this fluency should *not* be achieved as a *direct speech goal.* Shadowing (in common with various other procedures) does, in fact, provide conditions in which speech comes " by itself "—the speaker being supported. Some stammerers, particularly the more suggestible ones, will improve markedly in spontaneous speech as a result of this kind of experience alone—at least for a time. It is generally recognized, however, that this experience of easy speech has to be reinforced and related to the many personal problems and stresses of each individual case.

Suggestion and Relaxation

Every effective form of treatment owes much to influence brought to bear on the patient either directly or as a result of therapeutic procedures. Stammerers have gained temporary relief from the most fantastic ideas and practices. The test of any procedure is whether it is merely a " crutch " which will let the stammerer down sooner or later, or whether it can be incorporated into a progressive programme of self-help. The extreme form of suggestion is hypnosis. I have yet to meet a severe case of stammering which has been permanently relieved by hypnosis alone. It is most unsuitable when used for the removal of symptoms by post-hypnotic suggestion. If this succeeds it is invariably short-lived. Some patients, however, are markedly helped by deep relaxation and suggestion, leading to a " receptive " state in which ideas and attitudes related to treatment as a whole are consolidated and deepened. Various forms of speech relaxation or " guidance " are used extensively, but, in my opinion, their value is often over-estimated. The concept of ease and composure runs through all therapy, but relaxation itself is a passive and inactive state unsuitable as a guide to the patient's rehabilitation as a social being. I shall refer to a technique for the re-education of tensional balance in a few moments.

If a stammerer can be helped to alleviate symptoms by any direct approach, there are two possible courses open to him. He may be taught methods of avoiding blocks by the practice of easy speech. He is urged to believe that he can speak without stammering. Rhythmic speaking ; relaxed speaking ; slow speaking ; and many other devices are adopted. His attention is distracted from the purpose of communication to the controlled performance of utterance. He is urged to forget his fears and regard himself as a normal speaker. Having succeeded in achieving this state under the influence of the therapist, he goes away to apply the formula in everyday situations. It may be that his confidence in the treatment, and in the therapist, is sufficient to overcome his previous fears. If environmental pressures are not too great, and if the suggestive power of the treatment is still operating, he may continue to improve. Only too often, alas, the magic wears off, and he relapses.

The alternative approach is relatively new. It forms the basis of much of the treatment carried out in the U.S.A. over the past 10 or 20 years. To summarize this approach very briefly and inadequately, it assumes that the stammerer is vulnerable to some form of constitutional imbalance which renders his speech unstable—particularly under stress. In its primary phase this speech disturbance should be regarded merely as the child's manner of speaking. With correct handling of the situation it may well right itself ; as, in fact, it often does. If, on the other hand it persists, it may move into a secondary phase characterized by anxiety and all kinds of subterfuges, evasions and undesirable habit patterns. At this stage it is of little use to expect the stammerer to maintain fluent speech by attempting to avoid symptoms. His avoidance reactions are, in fact, largely responsible for his worsening condition. This view leads to an entirely different approach. The patient is led to acquire an objective attitude—he accepts his manner of speech as imperfect, but he realizes that he can modify the form and degree of symptom formulation. The full implications of this approach cannot be discussed here, but there can be little doubt of its psychological soundness as a foundation for some therapeutic procedures. It has been described by several writers, notably Van Riper.(9)

It is a sobering reflection that most adult stammerers who seek help have already had advice or treatment of some kind during their school days. This does not necessarily reflect upon the adequacy of earlier treatment. By no means all stammerers achieve the desired stability under the stresses and disciplines of

childhood. The changed attitude and outlook which comes with maturity often has a stabilizing effect. It is my experience that some stammerers can then, for the first time, benefit from treatment.

The clinical approach to the adult (or adolescent) stammerer is governed by many personal factors in each case. The relationship between therapist and patient is fundamentally important. An atmosphere of confidence, frankness and friendliness—not without humour—must be established if any progress is to be made. A fairly clear picture of the patient's disposition, present difficulties and past history is gained by discussion, and is supplemented by a questionnaire. An outline of the approach to be made is discussed, but the final pattern of procedure will become apparent only as treatment progresses. Mild cases will not need the comprehensive rehabilitation required by constant stammerers. An over-riding aim of all treatment is to release the patient from the grip of tensional and obsessive habits associated with speech situations. To do this we have to modify many of his reactions to speech and social behaviour. A technique has been devised in recent years for the re-education of defective habit patterns. It derives from the work of F. Matthias Alexander.(11) It has been studied and clarified by a number of medical and lay writers, notably Dr. Wilfred Barlow,(12) but not in relation to stammering. It is not in general use by speech therapists, and is not included in their training curriculum. It must be made clear at once that this technique is not a "cure" for stammering; it does not dispense with other forms of treatment, nor is it applicable to every case. In my experience it provides a valuable foundation upon which other procedures may be built, making for coherence and continuity of treatment. It trains the patient in a form of reaction whereby he directs his responses, first, to simple stimuli, and later to social situations involving speech. It is concerned with *total* reactions—not with direct control of breathing or voice—thus avoiding the abortive attempt to gain direct control over utterance: the morbid preoccupation which overwhelms the stammerer. Using this technique as a foundation, it is possible to help the stammerer maintain increasing composure under communicative pressure. During treatment every aspect of the patient's response to social situations is examined and evaluated. His habit patterns are analysed: he is led to experience new ways of dealing with his problems; he joins other stammerers for discussion; he is briefed for aims and attitudes in everyday situations. It will be realized that much of this therapy is of a psychological nature, and it is obvious that stammering cannot be dealt with in isolation. In some cases, however, the disturbance is beyond the scope of speech therapy. These patients need the help of a psychiatrist, and we are always ready to seek such help. There is no easy answer to the problem of stammering. All stammerers can be helped: some to the point of elimination, others to a re-assessment of their problems and improved social adjustment. Whatever the "loose nut" or "short circuit" in the depths of the neurological underworld may ultimately prove to be, the stammerer will always have to come to terms with what goes on in his mind—it can play the most astonishing tricks! . . . The business man who fights his way through grimaces, blocks and splutters, but can turn it off like a tap. He finds it easier to struggle through than to "turn off the tap". The attractive young lady who lives an active social life and who never stammers because she confines herself to about four recurrent utterances in which she has confidence. A pathological dumb blonde! The middle aged colonel who stammered as a boy, and now stammers only when he visits his aged mother. The business representative who doesn't remember the last time he faltered, but who goes about in constant anxiety lest he should. The boy whose mother announced, "'E always stammers worse when it rains. Don't cher, Georgie?" And he probably did. A clear case of suggestion! The boy who stammers only at school, and his opposite number who stammers only at home. The stammerer (whose name is legion) who states with complete fluency, "You know, the one word I can never say is 'cat.'"—or some other word. And so on, and so on. They're all different. Those who need help can usually get it, but we can't perform magic.

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SUEZ AND THE SURGEONS

"*The petrol situation has hit us all alike.*"—(*Residents' Play, 1957.*)

TWO PICTURES OF THE HOSPITAL

PLATE I

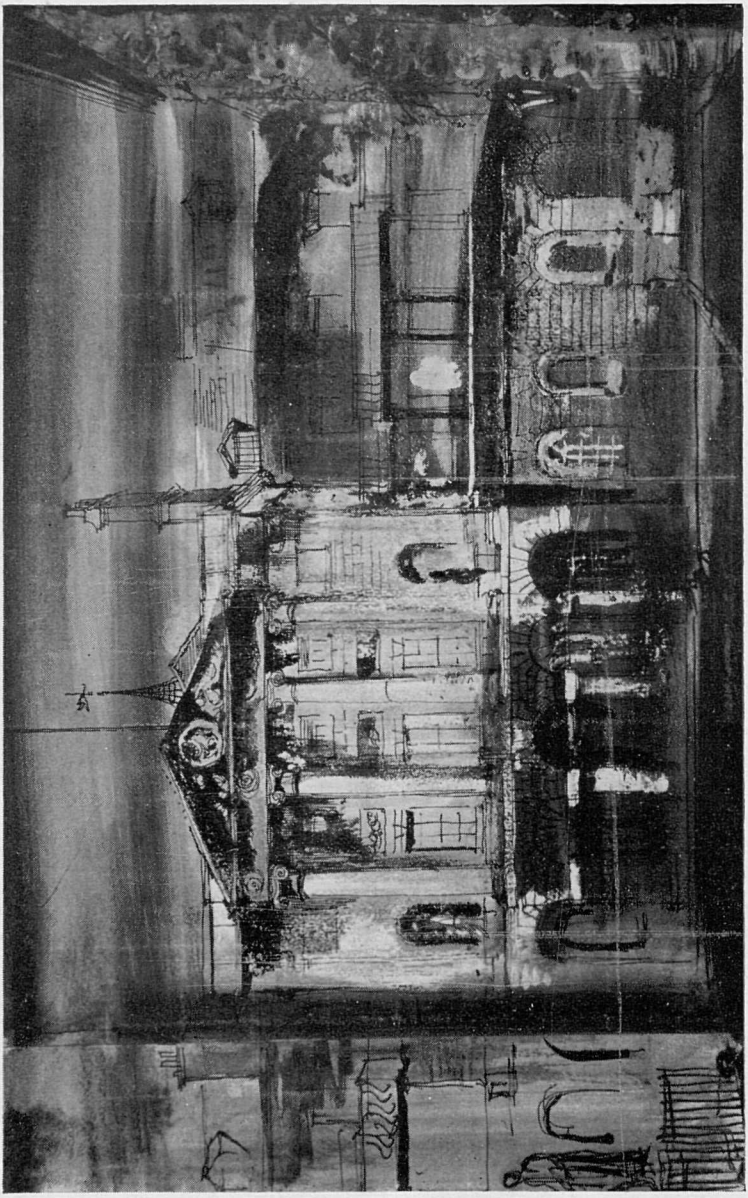
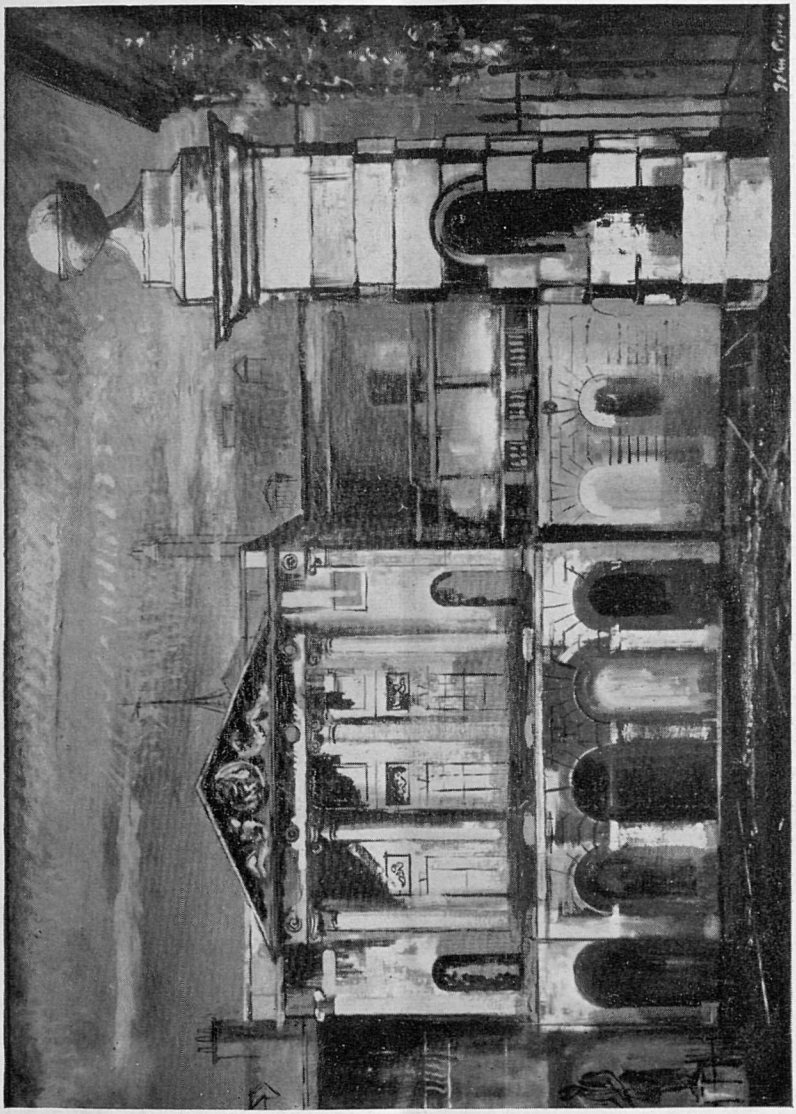


PLATE II



TWO PICTURES OF THE HOSPITAL

PLATE I. Preliminary sketch for painting of Guy's Hospital.

Water-colour, body-colour and ink. 16½ x 10½ in. *Signed John Piper—not dated.*

In the collection of Sir John Conybeare, K.B.E., M.C., F.R.C.P.

The preliminary sketch was painted in 1952, and is interesting for the piece subsequently added, which shows the statue of Thomas Guy (by Peter Scheemakers (1739)) in the forecourt. It is far more sombre in colouring than the final oil, being mainly painted in low blackish-greens and buffs with typical Piperesque touches of yellow and sienna at key-points.

PLATE II. Guy's Hospital.

Oil, 41¼ x 29½ in. *Signed John Piper—not dated.*

In the Staff Common Room, Guy's Hospital.

This, the final painting, is similar to the sketch in viewpoint but differs from it in the inclusion of one of the gate pillars in the right foreground ; no wrought-iron arch is painted, presumably as it would have obscured part of the façade of the Hospital. The colours used are more varied than in the sketch, and the overall effect is one of earth-colours and blueish-greys.

John Piper, who is one of our leading contemporary painters, was born in 1903 and educated at Epsom College and the Royal College of Art. He has exhibited his work in London since 1925, and some of his paintings are in the Victoria and Albert Museum and the Tate Gallery, of which he is now a Trustee. He has designed for opera and ballet, and published several books, mainly on architectural subjects, and is co-editor, with Mr. John Betjeman, of Architectural Guides to Buckinghamshire and Berkshire.

J. L-P.

The photographs are by Mr. C. E. Engel.

RURAL LONDON

Dr. ———,

The Cottage,

*Guy's Hospital, S.E.*1.

(From a letter received by a resident recently).

NOTICES

THIRTY CLUB

The 28th Annual Dinner of the Thirty Club will be held at the Royal Air Force Club on Friday, 17th May, 1957, Sir Heneage Ogilvie in the Chair. Will those members who have not yet replied to the invitation which has been sent to them, please do so not later than Friday, 10th May, 1957.

J. J. CONYBEARE
W. D. DOHERTY
Honorary Secretaries.

THE INNOMINATE CLUB

The Annual Dinner of the Innominate Club will be held at the Trocadero Restaurant at 7.30 p.m., on Friday, 31st May, 1957. Frank Cook, F.R.C.S., in the Chair.

Members wishing to attend should inform the Hon. Secretary, G. T. Sankey, 89, Harley Street.

GUY'S HOSPITAL ASSOCIATION FOOTBALL CLUB

A charity Football Match against Southwark Park has been arranged to take place on the Millwall Athletic Ground on Tuesday, 30th April, commencing at 6.30 p.m.

Proceeds are in aid of the Cancer Research Fund and it is hoped that as many as possible will attend in support of a worthy cause.

B. J. HEATH
(*Hon. Secretary*).

ART EXHIBITION

Exhibits : Dates of entry, 1st to 10th May. Art exhibits to Miss Treadgold, Department of Medical Illustration.

28th April to 8th May. Photographic Exhibits to Mr. D. A. Sabel, Dental School.

Date of Exhibition : 13th to 25th May inclusive. Gordon Museum.

Twenty-Five Years Ago

From Guy's Hospital Gazette, 16th April, 1932.

For years it has been the custom to grumble about the accommodation in the Students' Club, and particularly about the washing and lavatory arrangements in the College. From time to time the authorities have endeavoured to make small improvements, the scope of which, however, is always hampered by lack of funds. Recently, the wash-basins in the College have been provided with nail-brushes, articles for which there has always been a demand. Assuming that they were being provided for a decently honest community, these were not at first chained or fixed to the basins in any way. However, when it was found that the brushes remained for about 48 hours, after which they disappeared and were never seen again, the authorities were forced to provide a new set, complete with chains, with which the brushes were fixed to the basins. This was about a fortnight ago, and we regret to have to state that they have all disappeared. We feel that this is a reflection against the honesty of those who use the Students' Club, and it is hardly necessary to observe that the Committee will not be inclined to make any further improvements until some people realize that petty thieving is even more despicable than the real thing.

ROCK AROUND THE BURNS UNIT

David, aged 3½ years with 30 per cent. burns, about to be turned : " No, not now, do it later—alligator ".

CORRESPONDENCE

Letters to the Editor of the Gazette

This Year's Gala Sports Day

SIR,—The Clubs' Union and the Athletic Club are making a joint effort to make Sports Day, at Honor Oak Park on Saturday, 1st June, a real gala occasion.

Besides the usual senior athletic events and races of a more light-hearted nature organized by the Athletic Club, the Clubs' Union is providing financial backing to engage the Band of the Honourable Artillery Company for the afternoon, and are preparing a host of side shows and entertainments such as a treasure hunt. Buffet and " sit-down " teas will be provided. It is hoped that there will be something of a garden party atmosphere and that it may become an annual summer event ; but it can only succeed if it is supported wholeheartedly by all sections of the Guy's community bringing along their families and friends, and enjoying the afternoon together.

Yours etc.,

NILS ECKHOFF,
Hon Treasurer, Clubs' Union.

J. S. TOMKINSON,
President of the Athletic Club.

Guy's Hospital, S.E.1.

REVIEWS

Diseases of the Nose, Throat and Ear. By SIMSON HALL. 5th Edition, 1956. E. & S. Livingstone Ltd., Edinburgh. *Price* 20*s.* net.

This book, the 6th edition of a work first published in 1937, is intermediate between the massive textbooks of the specialty, now tending to run into two volumes, and the short handbooks written mainly for students—notably Mr. Reading's classic. Its main value therefore is for the E.N.T. House Surgeon or junior Registrar, but it is also an excellent reference work for general practitioners and students. Within this limitation, it is first class, as is to be expected from an author held in equally high esteem in England as in Scotland.

It is readable, practical, and full of horse sense, good examples being the stress laid on the functional examination of hearing (so often overlooked by beginners, who regard a description of the tympanic membrane as completing the study of the ear), and the uses and limitations of hearing aids. Similar good sense is shown in discussing the principles of treatment of otitis externa in its diverse forms—localized, generalized, œdematous, desquamative and stenosing. The illustrations are few, but are mostly carefully chosen and clear.

All the usual diseases of the ear, nose and throat are adequately covered and most rarities are mentioned. Criticism can only be of minor details. X-rays are shown as positives, unnatural to the clinician ; the mastoid films on page 384 are unidentifiable. The ætiology of chronic rhinitis is dealt with vaguely (page 47) and its treatment by decongestant nasal drops as recommended on page 48 is more likely to perpetuate trouble than to cure it. Few otologists would agree that the fenestration operation gives good results in some cases of chronic adhesive otitis media (page 408).

There is only one sinful sentence in the book. On page 31, " a short anæsthetic, such as ethyl chloride or pentothal sodium " is recommended for the manipulative reduction of a fractured nose. Casualty officers are finding life quite difficult enough these days without adding the risk of sudden death in such patients from massive inhalation of the profuse bleeding which always accompanies this manœuvre.

Other than these few faults, this is an excellent volume in the middleweight class, the best of its type which the reviewer has read.

J.D.T.

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By P. R. EVANS, M.D., F.R.C.P., and RONALD MacKEITH, D.M., F.R.C.P.
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By P. M. F. BISHOP, D.M., M.R.C.P.
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104 Gloucester Place, London, W.1

Whitla's Dictionary of Medical Treatment. By R. S. ALLISON, V.R.D., M.D., F.R.C.P., D.P.M., and T. H. CROZIER, M.D., B.Sc., F.R.C.P., and 26 contributors. 9th edition. Baillière, Tindall and Cox Ltd. *Price* 52*s.* 6*d. net.*

"*Quick and easy access to the latest therapeutic methods. That is what the doctor wants today and that is what Whitla's Dictionary provides. Clear, accurate, up-to-date and simple to consult, this standard book on therapeutics is an essential working tool for all medical practitioners*". So say the publishers on the dust cover of this book ; by and large their claim is well justified, provided that one allows for some hyperbole in the use of the word "essential".

This is the 9th edition of the book first produced by Sir William Whitla in 1891 but it is essentially a new book for it has been completely rewritten and almost its only link with the original is the use of the dictionary arrangement of the articles in alphabetical order. The value of this arrangement is debatable for in practice it does not always succeed in making the book "easy-to-consult", as a subject may not appear under the expected heading. An adequate index is, however, provided, though this would probably be improved by the inclusion of references to therapeutic agents as well as to diseases.

The range covered by the contents is wide ; tropical and skin diseases, psychiatry and pædiatrics are included. All common conditions are fully discussed and many uncommon ones are briefly but helpfully dealt with ; the rôle of surgical treatment in many conditions is indicated. There are articles on antibiotics, water and electrolyte requirements and radio-active isotopes and descriptions are included of several techniques, such as lumbar puncture, exchange transfusion and vaccination. A valuable 48-page appendix gives details of many diets, including those required for peptic ulcer, diabetes and those which are gluten-free, low in sodium, etc.

Particularly praiseworthy, in view of the long delay which nowadays lies between the writing of books and their appearance in print, is the inclusion of many recently introduced therapeutics ; amongst these are Penicillin V, Prednisone, 6-mercaptopurine and intermittent positive pressure respiration in the management of poliomyelitis. Perhaps too prematurely there is a reference to oral antidiabetic agents, discussing BZ55, now already discarded owing to its toxicity. The text includes many references to the literature, especially in relation to recent advances, but unfortunately these are identified by date and author only ; it would add further to the value of the book if the full references were listed at the end of the volume.

The editors and their 26 contributors from Belfast deserve high praise for the conciseness and clarity of the writing throughout. It is not possible for everyone to agree on all matters of therapeutics, which are so often matters of opinion rather than of logic, but in all cases the views expressed are reasonable and the discussions based on good sense with a welcome absence of the bizarre and unorthodox on the one hand and the traditional but worthless on the other.

Perhaps not strictly "essential", but all students, house officers, general practitioners and, probably, most physicians would find 52s. 6d. spent on this volume a most worthwhile investment. D.C.D.

Shaw's Textbook of Gynaecology. Seventh Edition. Revised by JOHN HOWKINS, M.D., M.S., F.R.C.S., F.R.C.O.G. J. &. A. Churchill Ltd. *Price* £1 12*s.* 6*d.*

In this seventh edition the sections dealing with Radiotherapy, Venereal Disease and Contraception have been revised with the assistance of the appropriate authorities. Furthermore, the sections dealing with tuberculosis, carcinoma of the cervix, the ureter, infertility, operative technique and post-operative complications have been largely rewritten. Two new chapters have been thus introduced.

With these necessary alterations there is now provided an excellent textbook for students and a very adequate foundation for those intending to study Gynaecology after qualification. No doubt the postgraduate will regret that there are no references at the end of certain chapters for the numerous authorities quoted in the text. No other criticism can be made of this book which is well produced and has benefitted greatly by revision and by the addition of many new illustrations. The illustrations, particularly those used in the description of various operative techniques, are excellent and the numerous photo-micrographs are of a high standard.

Altogether a book to be recommended both to the student and the postgraduate. P.J.D.

Outline of Fractures. By JOHN CRAWFORD ADAMS. Pp. 248. 1957. E. & S. Livingstone Ltd. *Price* 27*s.* 6*d.*

This book is intended for the student preparing for his final examinations and for general practitioners. Such a volume has been needed for some time, for although the divorce of fracture surgery from general surgery in this country is virtually absolute, the student had heretofore to rely on the chapters dealing with fractures in general surgical textbooks. The present volume now provides him, at moderate cost and within stout binding, with a modern " outline of fractures ".

The form of the book follows lines usual in fracture manuals. The first quarter is devoted to general features of fractures and principles of treatment. Thereafter, fractures of the skeletal elements are dealt with on a regional basis, with a useful summary of treatment concluding each main section.

The profuse illustrations (a clear line diagram or good quality X-ray appears on every other page) enhance the clarity of the text, although it must be remembered that this has been achieved largely by dogmatism, the author acknowledging that other methods are often of equal value.

Regrettably the newly qualified house officer will look in vain for practical hints. Here the book lacks balance. Some part, at least, of the eleven lines and large diagram devoted to rupture of the extensor pollicis longus after Colles fracture would have been better filled by a *detailed* account of the management of the Colles fracture itself. One or two photographs illustrating the method of reduction of forearm fractures would be of great value. And surely, what the student and house officer need to know most about less common injuries, e.g. dislocation of the lunate, is not how to treat them, but how to recognize them. An illustrative X-ray would improve this particular section.

Nevertheless a bright future can confidently be predicted for this book.

D.K.E.

Treves' Students' Handbook of Surgical Operations. Revised by SIR CECIL WAKELEY. Messrs. Cassell & Co. Ltd. 10th Edition. *Price* 21*s.*

An appreciation and understanding of a book of this nature requires a good working knowledge of practical surgery. A degree of knowledge that only the rarest of students aspires to. For this reason alone one would not recommend to students any abbreviated handbook of operative surgery. As short textbooks go this volume is fairly comprehensive, but inevitably lacks adequate discussion and criticism.

The first part of the book is devoted to tedious descriptions of dissections for the exposure of limb vessels in which the old anatomical terms are retained. One gains the impression that this matter is retained more as a guide to academic practice on the cadaver than as a true guide to surgical practice. As such it is of no concern to the student. Similar remarks may be applied to a description of amputation through the wrist.

It is surprising to read in a recently edited textbook a description of Smith-Petersen nailing as an open operation without reference to the almost universal closed approach.

The chapter on colonic surgery advocates routine caecostomy in pelvic colon anastomosis. Furthermore, caecostomy is also advised as a means of attaining colonic lavage. Neither statement can be accepted without reserve.

There is of course much useful information in this book, in particular the last chapter on suture materials. However, its main value will be to the post-graduate student of surgery, as a useful refresher of previously acquired knowledge.

N.H.P.

Comyns Berkeley's Pictorial Midwifery: An Atlas of Midwifery for Pupil Midwives. Revised by D. M. STERN, M.A., M.B., B.Chir.(Cantab.), F.R.C.S., F.R.C.O.G. Baillière, Tindall & Cox. *Price* 15*s.*

Pupil midwives, in common with many other students, derive much help in their studies from illustrations which are frequently given by means of blackboard and chalks in the lecture rooms, but Mr. Stern, in his complete revision of The Comyns Berkeley's Pictorial Midwifery, has made it possible for every pupil midwife to have her own comprehensive set of drawings covering a large part of the syllabus of training for Part I Midwifery as laid down by the Central Midwives Board.

Each drawing is briefly described in the text and apart from a few details with which some schools would disagree, it is a book to be recommended for pupil midwives to supplement their usual text books.

D.J.

The Primary Psychiatric Syndromes. By DWIGHT L. MOODY. John Wright & Sons Ltd., 1956. *Price* 37*s.* 6*d.*

This is an interesting and unusual book. It promotes the view that diagnosis should occupy the same paramount position in psychiatry as it does in other branches of medicine, and that it should be reached by the traditional clinical method of studying symptoms and their groupings into syndromes. It sets out to give a descriptive account of psychiatric signs and symptoms, but is not concerned with treatment and only with etiology where a knowledge of this is necessary for diagnosis. It does not deal with the whole range of mental illnesses but only with conditions regarded as "primary"; that is, not due to a "known demonstrable organic process".

There is a painstaking attempt at the systematic presentation of each syndrome under five main headings: Exposition, History, Personality, Syndromic Expression (signs and symptoms), and Differential Diagnosis. This last and most important section is unfortunately the least successful; for the most part it amounts only to a list of other conditions without emphasis on guiding notes. This may have been done with the object of providing a concise reference, but this purpose is often defeated; *e.g.*, oneirophrenia is included among conditions to be considered in the differential diagnosis of schizophrenia, but receives no other mention in the book. The mode of presentation used is most helpful where the subject matter is least theoretical; *e.g.*, the section on Maniacal States. There is also a comprehensive catalogue of the manifestations of Conversion Hysteria that would be valuable for every kind of medical reader. But this is a book for specialists, and particularly for those clinicians who welcome an opportunity for more controversy and more semantic debate; thus "Dementia Praecox" is resurrected, dementia is given as the terminal state of schizophrenia, depression suffers the fate of being cut up into Recurrent Depression and the Melancholiae, and there is a rich thesis on Sociopathia to surprise the reader in the middle of the book. The use of bold type is too abundant but otherwise production is excellent.

J.J.F.

The Cytology of Effusions in the Pleural, Pericardial and Peritoneal Cavities. A. I. SPRIGGS, D.M. (Oxon.), M.R.C.P. W. Heinemann Medical Books. 42*s.*

This is a monograph on the microscopic diagnosis of serious effusions based on cytological methods and morphology and which includes a description of normal and pathological cells found in the three serous cavities.

While many pathologists are beginning to realize that it is the behaviour rather than the morphology of a cell which reveals its nature, attempts are being made to establish identity on cytological detail which, in the case of malignant cells which have left their original environment, are said to retain certain features which still enables them to be recognized.

The present author somewhat disarms criticism by remarking that "conviction comes with experience and not with enumeration of criteria." He recognizes that the mesothelial cells lining the serous cavities may mimic or resemble malignant cells and here is the major difficulty confronting the microscopist. The histologist relies on a wider picture and context and bases his diagnosis of malignancy mainly on infiltration by the neoplastic cells and this important criterion is not available in the study of cells isolated from their natural environment. Such cells usually assume the most primitive of forms, that of a sphere, and only when cancer retains something of its epithelial structure can a confident diagnosis be made and this is seldom possible in malignant effusions. The wide pleomorphism and regenerative capacity of the lining cells of the serous cavities presents a further difficulty in identification. It is significant that even the author, who is an enthusiast, records the greatest success with ovarian carcinoma (twenty-three of seventy-three cases of carcinoma). He is less successful with the more common tumours.

The book contains 37 pages of text, 30 pages of illustrations, 126 references, and is beautifully produced. It is derived partly from the author's thesis for the degree of D.M. (Oxford). It should provide a useful introduction to those pathologists interested in cytological methods and their possible application to diagnosis and to those who enjoy the beauty of colour and form of cells for its own sake or who need inspiration for painting the "abstract"!

N.

Feeding in Infancy and Early Childhood. By URSULA JAMES, M.R.C.P. London, Faber & Faber ; pp. 135. *Price* 10*s.* 6*d.*

The worthy Aristotle insists that a teacher must above all things be perfectly intelligible and that he must be exact in all that he says. Mathematical proofs, testimony from the poets and illustrations he neither demands nor dismisses ; but he expresses disapproval of the childish and the fanciful. I am happy to say that Dr. Ursula James takes all the Aristotelian hurdles with success. Her style is perspicuous, her directions are precise and she never indulges in fantasy. What a blessed thing it is to find a book about children in which the child is not a problem nor the parent a fool ! In fact, leave it to Ursula, and once again a child might actually be enjoyed. I believe that if she gave her talented mind to the culture of vegetables and issued directions in a similar vein, the whitest turnips, the juiciest beetroots and the glossiest onions would infallibly emerge from the hands of her disciples. As it is, men who want to know exactly how to feed a baby will only have to turn the pages of this little book to find all the information that they want set forth in orderly and assimilable form. Health visitors, nurses and midwives will find it a safe and an easy guide ; and even the experienced hand will be glad of some useful information available in the tables. In short, this is a book worth having. I only dissent from the author in one small point ; it is right to wean the fat, white baby from his bottle early ; but why deprive the breast-fed of the breast ?

I was born of woman and drew milk
As sweet as charity from human breasts.—COWPER.

H. StH. V.

SPORT

RIFLE CLUB

Retrospect of small-bore season

The final positions in the United Hospitals' Winter League :—

1. London.
2. Westminster
3. Guy's "A" (Average 484.7).
4. St. Bartholomew's.
5. Guy's "B" (Average 477.9).
6. St. Mary's.
7. St. Thomas's.
8. St. George's.

In the National small-bore short range League Guy's were placed 4th in their Division, out of eleven teams.

A shoulder-to-shoulder match against Whitgift Veterans was fired at Whitgift on 12th February. This proved to be a very close match in which Guy's narrowly lost.

Guy's—569	*Whitgift*—568
574	578
Total 1,143	1,146

Postal Match *v.* Highgate School

Guy's—487 *Highgate*—491

The season was rounded off with a very pleasant match against a team of the staff raised by Mr. N L Eckhoff, the result was a victory for the students in spite of some excellent shooting by the staff. Mr. Eckhoff further extended his generosity to provide supper after the match.

Staff		Students	
Dr. Mekelburg*	99	R. MacKeith	99
Dr. Brooks*	99	K. Kemp	99
Mr. Hooper	96	A. Harris	99
Dr. Hutton	95	K. Robertson	99
Dr. Mant*	94	K. Pilcher	97
Dr. Carnegie	92	C. Howard	97
Mr. Eckhoff	91	A. Lynch	97
Dr. Green	91	A. Kelvin-Davies	96
	757		783

Dr. I Green and K. Robertson won the Clay Disc Knockout Competition.

Individual Awards :—

MEKELBURG CUP

Winner	H. K. Kemp	97.67
2nd	K. A. Robertson ..	97.60

HANDICAP SPOON

Winner	A. R. Lynch	100.36
2nd	K. A. Robertson ..	100.24

Certificates :—

Charles R. E. Bell	—K. M. Pilcher	98.6
News of the World	—R. H. MacKeith	98.6
Daily Mail	—K. A. Robertson	100.7
Daily Telegraph	—A. R. Lynch	100.9

The full-bore season starts on 28th April, with a practice shoot at Bisley. Any new shooters will be very welcome as the team for the Astor County Championship has to be chosen on this day. Dates of all matches and practice shoots taking place at Bisley are posted on the club notice board in the Colonnade.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the following Fellowships and Studentships. Applications should be made not later than 13th May, 1957, on a form to be obtained from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to qualified Medical Practitioners or Graduates in Science in Pathology or Bacteriology. Applicants must not be more than 30 years of age and must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a *period of not less than six calendar months in* his year of tenure, at a University, School or Hospital or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of £258.

The Arthur Durham Travelling Studentship

Candidates for the Studentship must be registered medical practitioners who have studied at Guy's Hospital Medical School. The Student is required to proceed abroad for the purpose of carrying out such investigations as may be *approved or directed by the Board of Electors,* and shall undertake to reside continuously abroad for a period of not less than six months. The Studentship is of the value of £210.

The Francis Lett Scholarship

Candidates for the Scholarship must have studied at Guy's Hospital Medical School, and are eligible up to five years after qualification, excluding the period of Military Service. The Scholarship may be held by itself or in conjunction with other Studentships. The purpose of the Scholarship is to enable the Scholar to obtain experience in other Medical Schools or Hospitals, at home or abroad. Candidates must submit their proposed programme with their application. The Scholarship is of the value of £476.

The Greville Studentship

The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, holds the appointment for a period of two years, renewable annually for a further period of three years, making five years in all. The Studentship is of the value of approximately £32 per annum.

The Beaney Scholarship for Materia Medica

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying on original investigation in these subjects. The Scholar holds the Scholarship for three years and is *eligible for re-election.* The Scholarship is of the value of approximately £96 per annum.

GUY'S HOSPITAL and MEDICAL SCHOOL

Applications are invited for the following vacancies on the Junior Staff of the Hospital for the year starting 1st October, 1957. Appointment will be for one year, except for the posts of Senior Registrar under the Exchange Scheme, which are marked with an asterisk and fuller details are given below.

Forms of application are obtainable from, and should be lodged with, the Superintendent, not later than 13th May, 1957.

General Medicine
Senior Registrar* 1
Medical Registrars (mid-grade) 2
Junior Medical Registrars 3

General Surgery
Senior Registrar* 1
Surgical Registrar (mid-grade) 1

Obstetrics
Obstetric Registrar (mid-grade) 1

Orthopaedics
Orthopaedic Registrar (mid-grade) .. 1

Psychological Medicine
Chief Assistant to Child Guidance Clinic.. 1
Registrars in Psychological Medicine .. 3

Physical Medicine
Registrar (mid-grade) 1

Diagnostic Radiology
Registrars (mid-grade) (one from 1.10.57, and one from 1.12.57) 2
Trainee Registrar (appointment for 2 years) 1

Clinical Pathology (including Evelina Hospital)
Registrars (mid-grade) 3

Ear, Nose and Throat
Senior Registrar* 1
Registrar (mid-grade) 1

Ophthalmology
Registrars (part-time) 3

Dermatology
Registrar (whole-time) 1
Registrar (part-time) 1

Neurology
Chief Assistant 1
Registrar (mid-grade) 1

Anaesthetics
Senior Registrars 2
Registrars (mid-grade) 2

Paediatrics (including Evelina Hospital)
Senior Registrar 1
Registrar (mid-grade) 1

Thoracic Surgery
Senior Registrar 1

Radiotherapy
Registrar (mid-grade) 1

Endocrinology
Registrar (part-time) 1

Venereal Diseases
Registrar (part-time) 1

Haematology
Assistant Haematologist and Blood Transfusion Officer 1

**Exchange Scheme*

General Medicine (with Bromley Group)—1st, 2nd and 4th Guy's and 3rd Bromley.

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Ear, Nose and Throat (with Bromley Group)—1st, 2nd and 4th Guy's and 3rd Bromley.

Applications are invited for the following vacancies on the Junior Staff of the Medical School for the year starting 1st October, 1957. Appointment will be for one year unless *otherwise stated.*

Forms of application are obtainable from and should be lodged with, the Dean, not later than 13th May, 1957.

Anatomy
Junior Lecturers (whole-time) 3
Junior Lecturer (part-time) .. . 1

Physiology
Lecturer 1
Junior Lecturer 1

Morbid Anatomy and Histology
Junior Lecturers 3
Gull Student 1

Chemical Pathology
Anderson Demonstrator of Clinical Chemistry 1

Medicine
Assistant to Director 1
Assistant (Research) to Director .. 1

Surgery
Junior Assistant to Director 1

Obstetrics
Assistant to Director (part-time) 1

Student Health Service
Assistant to Director (part-time) 1

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1957 :

Department of Conservative Dental Surgery
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Dental Prosthetics
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Dental Department for Children
Part-time Registrars to attend on 6 or 3 sessions per week.
Orthodontic Assistants to attend on 6 or 3 sessions per week.

Assistants to the Visiting Dental Surgeons
Part-time Registrars to attend on 6 or 5 sessions per week.

Clinical Dental Surgery
Part-time Registrar to attend on 2 sessions per week.

Department of Preventive Dentistry
Part-time Registrars to attend on 5 or 3 sessions per week.

Casualty Department
Part-time Registrars to attend on 6 or 5 sessions per week.

Minor Oral Surgery
Part-time Registrar to attend on 6 sessions per week.

Dental Radiology
Part-time Registrar to attend on 6 sessions per week.

Ante-Natal Clinic
1 Dental Officer to Salomons Centre for 1 session per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the *Superintendent, Guy's Hospital, London, S.E.1*, to whom applications should be sent not later than **Wednesday, 8th May, 1957.**

Applications are invited for the post of **Staff Dental Officer**, grading General Dental Practitioner. Duties to commence on 1st October, 1957, for attendance on 8 sessions per week. *Applications should* be lodged with the Superintendent, on or before **30th April, 1957.**

NURSING NEWS

Left : S/N Wallace (*New Cross*).
M. Henlihan (*York Clinic*).

Entered : Sister J. Wooley (*Victoria*).
Sister E. Cowan (*Victoria*).
S/M M. Gee (*Nuffield D*).
S/M M. Williams (*Victoria*).
S/N A. Dodman (*Theatres*).
S/N Decocq-Cont (*Evelina*).

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BIRTHS

MAY.—On 8th March, 1957, at the Victoria Hospital, Prince Albert, Saskatchewan, Canada, to Jean (née Cooper, S.R.N.), wife of Malcom J. May, M.B.E., M.B., B.S., F.R.C.S., a son (Nigel Malcolm), a brother for Martin.

RANKIN.—On 13th April, 1957, at Guy's Hospital, to Audrey (née Charles), wife of Lloyd Rankin, M.B., B.Chir., a son (James Sinnett).

SOLYOM.—On 10th April, 1957, at the City Maternity Hospital, Carlisle, to Barbara (née Ridley, S.R.N., S.C.M.), wife of Leslie Solyom, a son (Julian Philip).

WHITBY.—On 2nd April, 1957, to Dorothy (née "Paddy" Keane, S.R.N., S.C.M.), wife of Geoffrey Whitby, Trinity House Pilot, a son (Brian Geoffrey), a brother for Elizabeth and William.

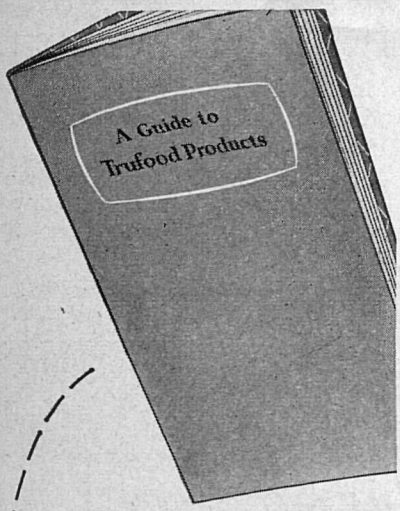
WILDERSPIN.—On 25th March, 1957, at Old Windsor Hospital to Rosemary (née Coles, M.C.S.P.), wife of Kenneth Wilderspin, M.B., B.S., a daughter (Susan Clare).

MARRIAGES

BANKS—PATRICK.—On 25th March, 1957, at Sheffield, Archibald Walker Banks, M.B., B.S., M.R.C.O.G., to Muriel Irene Patrick, S.R.N.

FRISCH—ORGEL.—On 16th January, 1957, in London, Jacob Markus Frisch, M.R.C.S., L.R.C.P., to Vera Gladys Orgel, PhD.

EDS. { T.W.H. / P.M.E.D.



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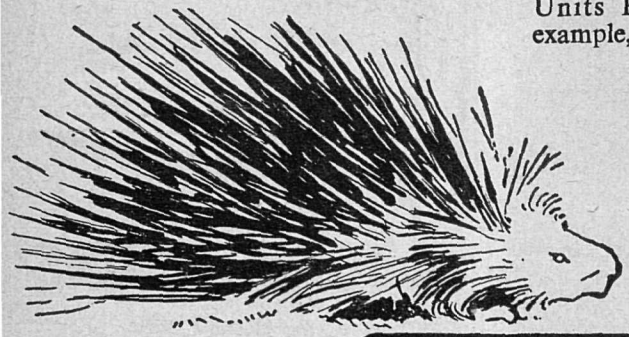

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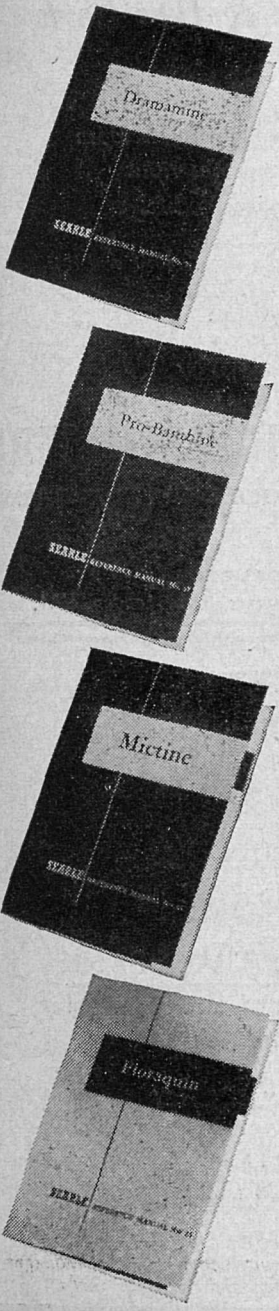

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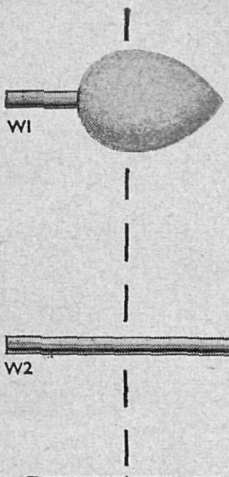

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M.391

Song from the Surgery

The Daily Round, the Common Task
Don't furnish all we need to ask
In surgery now, all day we're told
Of trivial ache and common cold!

So many patients seem to suffer
From "nerves"!—I do wish they
were tougher!
They really do enjoy poor health
And spout their woes at endless
length.

The doctor listens to their moan,
And when the last has tottered home,
He gets his wife to pour him out
A glorious glass of Guinness Stout.

M.B., Ch.B., M.R.C.S., L.R.C.P.

* *Doctors, too, enjoy writing verses about Guinness. The above, contained in a letter addressed to Guinness by one of them, is published by kind permission.*

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A Chance for Child-lovers

The geneticists, those unfortunate students of heredity, are agitated by the way families in this century have shrunk in size. If any race—whether of men or of animals—is to thrive, and maintain a good stock, they say, there must be plenty of them about, so that the genes have plenty of opportunities for reshuffle. The genes are those mysterious bits of nuclear protoplasm by which hereditary characteristics are handed down from generation to generation; and of course every child gets half his genes from his father and half from his mother.

Well, the geneticists say, there must be plenty of cards in the pack if shuffling and re-dealing is to produce interesting and refreshing combinations. The smaller the pack the smaller the variety of hands you can deal.

But the hereditary pack, confound it, doesn't even remain constant. The genes in every generation show . . .

Would you like to hear more? Unfortunately, space will not permit reproduction of the whole of this entertaining and informative essay, as it appeared in The Times. *It is one of a collection of delightful medical musings—all from the same wise and witty pen. If you would like a copy of "The Prosings of Podalirius" just send us a card at the address below.*

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GUY'S HOSPITAL GAZETTE

11th May 1957

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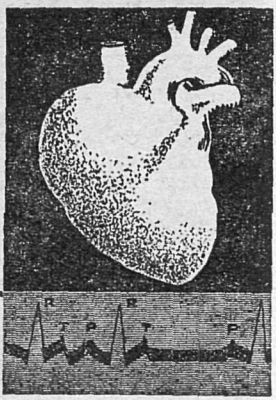

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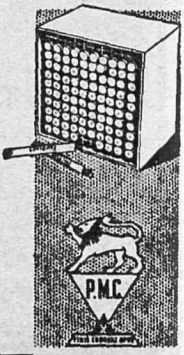

REFERENCES

(1) Holtz et al., Klin. Wochschr. 1951, *29*, 393.
(2) Epstein et al., J. Dental Research 1951, *30*, 870.
(3) U.S. Von Euler "Noradrenaline", Springfield, U.S.A. 1956.

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PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1795 11*th May* 1957 *One Shilling*

PASSIM

Gnomology

EACH generation has its vocabulary of scarcely-acknowledged medical slang, prominent among which are expressions used to describe concisely such of one's colleagues, associates or patients, as may leave something to be desired in mental alertness, social integration or clinical interest. Recently, there has been a crop of loosely-applied endocrinological and psychiatric terms, some of which—the 'cretins' and 'morons' for example—have spread to the lay world, where they are now firmly entrenched. An intellectual film magazine has even carried a learned article on 'The Cult of the Moron', with Dean Martin and Jerry Lewis as the High Priests of this social phenomenon. In the claustrophobic world of hospital medicine, this kind of slang is a form of escapism from the seriousness of the daily task, but tinged with the unkindness of making fun of other people's weaknesses, so that it has always been strictly confined to the dinner-table and residents' mess.

There is something in the current slang, however, which is worth recording before it disappears and is forgotten. It has a touch of fantasy and of poetry in it, and is free of the usual bitter tang. Where it originated we shall never know, but a spark of inspiration must have been present at the birth of the science of medical gnomology. We suspect it is a highly local phenomenon, for gnomes are not spoken of outside the immediate empire of this Hospital. But the term is so apt, has so many shades of meaning, and so many associations reaching beyond the threshold of consciousness, that it has passed rapidly into the *argot* of the moment. To begin with, the word is said to have been coined by that magniloquent physician Paracelsus ; and what better father for this flower of the medical apocrypha ? And gnomes, being creatures heard of in earliest childhood, acquire a mystery of their own and conjure up vague associations stretching from Rumpelstiltskin to the industrious little Nibelungen of Wagner's saga. Then there is the absurd contrast with the Third Programme solemnity of the Gnomic Poets who delighted in expressing sententious maxims in verse, and could hardly be more different from our Paracelsian gnomes. Did Paracelsus, it may be wondered, choose the word 'gnome' deliberately as a joke at the expense of the Classics which he also snubbed by lecturing and publishing in German ? He may well have been laughing at the smugness inherent in the definition given by the Elizabethan, Henry Peacham : "a saying

pertaining to manners, and common practices of men, which declareth, with an apt brevity, what in this our life ought to be done, or not done."

And so to the admirably concise definition of our kind of gnome in the *Encyclopædia Brittanica* : "The earth and mountain spirits, usually pictured as bearded dwarfs clad in brown garments with hoods, who are supposed to guard veins of precious metals and hidden treasures ". The veins of precious metal are as important here as the brown garments, for it is one of the characteristics of our modern gnomes that there is in them a hidden streak of something infinitely precious ; but buried so deep down that we are never quite able to discover what it is. Perhaps they guard it as jealously as their cousins the Nibelungen guard their horde, and their inarticulateness, for all gnomes are inarticulate, is a mechanism for hiding their treasure from the beholder. The definition helps us too, in that it is a feature of all gnomes, that whether or not they are bearded dwarfs clad in brown garments with hoods, it requires no effort of the imagination to picture them as such. The experienced clinician sees them in this fashion at the first encounter, for spiritually it describes them exactly.

Gnomologists, with their scientific upbringing, have of course already formulated an unwritten classification of gnomes. One of the most easily recognized, and at the same time one of the most loveable, species is the Borough gnome. We are not quite so happy about anencephalic gnomes and hypothalamic gnomes ; for all their beguiling rhythm, these terms have a suspicion of the old emotional associations which are so refreshingly absent from the new slang. Our own favourite is the resoundingly Anglo-Saxon ' knocked-off gnome', its entrancing alliteration so absurdly at odds with its appearance on the printed page. (It is enough that 'gnome' *sounds* Anglo-Saxon, though its Greek stem is useful in forming such helpful terms as ' hypergnomia '). It is quite impossible to explain to the uninitiated why ' knocked-off gnome ' is to the present generation a concise, accurate and detached clinical description ; it is a question of usage and the associations that we have tried to outline, and they make it an apt and commendable—though strictly unofficial—contribution to medicine. Unofficial, of course, for we should not be happy to see gnomes referred to in textbooks of medicine, but simply hope that this little piece of eccentricity will have its span of unspoiled life before it is replaced by some more modern and unpicturesque fashion in slang.

A young patient in *Wilks* ward is to be complimented on introducing a dramatic interlude into the quietness of a Sunday afternoon. She it was who drew Sister's attention to a carrier pigeon trapped in a tree by a piece of string attached to its leg, after which she had a grandstand view of the Fire Brigade rescuing the unfortunate bird, which was last seen being driven away from the Hospital in an R.S.P.C.A. ambulance.

We congratulate Professor J. Staz, a distinguished Guy's dentist,

on his appointment as Dean of the Faculty of Dentistry at the University of Witwatersrand, Johannesburg, and on his election to the South African Medical and Dental Council.

Stratford-upon-Avon is not alone in holding an annual celebration of Shakespeare's birthday. Much of his working life was spent in Southwark and this year's Shakespeare Festival organized by the Borough of Southwark was inaugurated a few days after the birthday by a service in Southwark Cathedral. The Mayor's party visited the Nurses' Home for tea after the service so that the Hospital was honoured with some unusually distinguished visitors. Outstanding among these we were delighted to see Mr. T. S. Eliot, *O.M.*, who had been guest of honour at the service, together with Sir Kenneth Barnes, who for forty-seven years was Principal of the Royal Academy of Dramatic Art, and Miss Dorothy Tutin, who had also been taking part in the service.

As the Hospital prepares for its first art exhibition to be held under the ægis of the flourishing new Art Society, it gives us great pleasure to read the laudatory appraisal of Mr. J. S. Tomkinson's paintings which appears in the *British Medical Journal** of 4th May. The occasion is the fifteenth annual exhibition of the Medical Art Society at Walker's Galleries, which includes two of Mr. Tomkinson's paintings, " Claudia " and " Claudia Asleep ". Mr. Mervyn Levy, who comments on this excellent exhibition for the *B.M.J.*, describes Mr. Tomkinson as one of the two most notable exhibitors, and justifies his position in some detail. To attempt to paraphrase his critique would be unfair and inadequate : we can only refer our readers to the original, or better still—if they receive their copy on the day of publication—urge them to go and see this exhibition on its last day. Walker Galleries are in New Bond Street, W.1.

We were sceptical of the claims of the few who said they had seen the Arend-Roland comet from various Guy's vantage points, for the haze of London made a thick barrier to visibility. The compensation was an excellent photograph in *The Times* which had been taken by Dr. R. L. Waterfield from his Ascot observatory. Unlike the *Gazette*, for which Dr. Waterfield wrote about the total eclipse in 1954, they did not print it upside down but mis-spelled his name instead !

A letter from Lt.-Col. R. M. Lloyd-Still, who qualified at Guy's in 1923, and who is the Medical Superintendent of the Mental Hospital in Barbados, gave us news if the First Caribbean Conference on Mental Health, which was held recently in Aruba, Dutch Antilles. It was presided over by Dr. J. R. Rees, Director of the World Federation for Mental Health, who described the Mental Hospital in Barbados as " First-class " and pointed out that it is the only open-door mental hospital in the Western Hemisphere. Col. Lloyd-Still enclosed a stamp issued on the first day of the conference, possibly the first mental health stamp in the world.

---

* *Brit. Med. J.*, 1957, i, 1058.

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *Burns.*
13th	M	1.00	Dr. J. J. Fleminger. Clinical Lecture.
13th—25th *inclusive*			Art Exhibition. Gordon Museum.
14th	T	1.00	Mr. P. H. Schurr. Clinical Lecture. *The Surgery of the Pituitary Gland.*
16th	Th	1.00	Mr. Grant Massie. Clinical Lecture. *Swellings in the Neck.*
		5.00	X-ray Meeting. Medical X-ray Department.
20th	M	1.00	Mr. T. T. Stamm. Clinical Lecture. *Pain in the Arm.*
21st	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture.
23rd	Th	1.00	Dr. C. Hardwick. Clinical Lecture. *The Nephrotic Syndrome.*
			X-ray Meeting. Medical X-ray Department.
24th	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *The Use of Antibiotics in Present-Day Medicine.*
25th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.

Fifty Years Ago

From Guy's Hospital Gazette, 4th May, 1907.

A correspondent, who shares with us a sneaking liking for the ephemeral penny weekly press, forwards us sundry cuttings from M.A.P. To the uninformed, it may be explained that M.A.P. is a weekly periodical dealing (as Mr. O'Connor meant its name to explain) with personalities, but as it is a difficult matter to write "mainly about people," our contemporary sometimes takes it into its columns to digress into matters of more general interest than Lord So-and-So's doings or the latest green-room chat. This week it has seen fit to publish an article which, if it were not for the harm that such absurdities do, would be most amusing reading. It is from this specimen of thoughtless pen-driving that our correspondent sends cuttings. There is no need to traverse the absurdities which appear in these cuttings. Here are some of them, and to anyone who knows anything of hospital methods or hospital work, their foolishness will at once be apparent. "The greatest sham is the hospital." "It is the maximum of cost with the minimum of efficiency." "The hospital nurse is a white slave. Her noble profession is one of the sweated industries. She is brutally overworked and underfed. Unless she has the constitution of an iron ox, she becomes a wreck in a year or two . . . A few nurses are lucky enough to marry a doctor, but the majority of them find rest in an early grave." "The glittering staff of consultants . . . cannot possibly devote themselves to the patients in the hospital who do not pay, as well as to the patients outside it who do. Their daily visit is a perfunctory pretence . . . The visit is a lightning affair, for the big man's time is money, and he must gallop through his work."

Such stuff, unfortunately, finds readers, and, as hospital subscription lists show at times, believers as well. Those who know that it is a tissue of absurdities "woven on the bone of a lie," may pass it over, with a smile at the number of adjectives the writer uses, and a shrug at the editor who holds it worth while to publish such an effusion. But the majority of M.A.P. readers are presumably not medical men, or people acquainted with hospital work and management. They will take all this tomfoolery about the nursing and consulting staff for an actual statement of fact. It is futile to point out to them that a consultant never visits the hospital to attend patients, or that the expectation of life, in a nurse, is something more than a couple of years. The only way in which they can be reached is through their own papers, and the hospital patient who will write an article to M.A.P. and tell his own experiences at the hands of the staff, will be able to do more than the professional man who elaborately sets himself to refute statements which are not worth sober attention.

NEOSTIGMINE-FAST CURARIZATION

By C. BISHOP, M.B., B.S., D.A.

(*A Paper read at a Meeting of the Department of Anæsthetics, on Wednesday, April 3rd, 1957*)

THE muscle relaxants constitute one of the greatest advances in modern anæsthesia. Recently however, a few disturbing reports of deaths apparently due directly to them, have appeared in the literature.

It is perhaps therefore pertinent to review briefly the anatomy and physiology of neuro-muscular transmission, the pharmacology of the muscle relaxant drugs in common use, and the reports of these unfortunate happenings, in an attempt to elucidate the cause of, and perhaps advocate methods of avoiding, these deaths.

The Anatomy of Neuro-muscular Transmission

Skeletal muscles receive their motor nerve supply from the ventral horn cells of the spinal cord, and corresponding cells in the motor cranial nuclei. Each ventral horn cell, or cranial equivalent, supplies a considerable number of muscle fibres, varying with the individual muscles, from 5 to 150. A ventral horn cell and its efferent fibre is known as a motor neurone, and each motor neurone, together with the group of muscle fibres which it innervates, is called a " motor unit." The motor neurone on reaching the muscle fibres, loses its myelin or medullary sheath. The naked axis cylinder then ramifies in a patch of nucleated sarcoplasm. The bare axon filaments make extensive contact with the sarcoplasm, but there is no continuity of tissue. The specialized axon membrane separates the two tissues.

The Physiology of Neuro-muscular Transmission

The nerve impulse passes along the motor nerve until it ultimately arrives at the nerve endings. Here it releases a small quantity of acetylcholine, the chemical transmitter. The acetylcholine then depolarizes the end-plate region by producing a local, non-propagated, negative electronic potential, which is called the " end-plate potential." When the end-plate potential attains a critical magnitude, it excites the adjacent muscle membrane, leading to a propagated action potential and muscular contraction.

In the meantime, the acetylcholine is rapidly destroyed by the enzyme, cholinesterase, which is present at the neuro-muscular junction in high concentration. The presence of the cholinesterase ensures that the acetylcholine, normally released in response to each nerve impulse, only gives rise to a single muscle contraction, and does not persist long enough, or in sufficient concentration, to give rise to repetitive or sub-tetanic responses.

Muscular Relaxation

The common method of obtaining muscle relaxation is by blocking the acetylcholine receptors. This is done by two main groups of drugs:

(1) The competitive or anti-depolarizing group.

(2) The depolarizing group.

(*1*) *The Competitive Group*

This group is typified by *d*-tubocurarine and gallamine triethiodide ("Flaxedil.") These drugs act simply by being sufficiently like acetylcholine to have an affinity for the specific receptors normally receiving acetylcholine, but so unlike acetylcholine that they cannot activate these receptors. This group of drugs therefore competes with acetylcholine for the receptors. This form of block is normally reversed by the action of neostigmine which inhibits the action of cholinesterase, thus potentiating the action of normally released acetylcholine by inhibiting its destruction.

(*2*) *The Depolarizing Group*

This group of drugs is typified by suxamethonium (" Scoline ") and decamethonium (C 10). They act like acetylcholine itself, by specifically depolarizing and exciting the motor end-plate, giving rise to an action potential and resultant contraction, followed by relaxation, of the muscle fibres. However, unlike acetylcholine, these drugs are not destroyed by cholinesterase, but by the pseudo-cholinesterase group of enzymes of the plasma.[1] The concentration of these enzymes is not specifically high at the neuro-muscular junction as is

the concentration of cholinesterase, and therefore the depolarization of the end plate is not immediately removed. As a result of this prolonged depolarization, the muscle membrane surrounding the end-plate becomes refractory to electrical stimulation by end-plate potentials.[2] Hence an end-plate potential which in the normal muscle fibre would be fully adequate to excite an action potential, is ineffective. The muscle fibre therefore having contracted, relaxes and remains relaxed, because of the inexcitability of the muscle surrounding the end-plate. This relaxation is only removed when the end-plate is finally allowed to repolarize by the destruction of the depolarizing drug.

Dual Block

With certain relaxant drugs the neuro-muscular block does not fall clearly into the category of either a competitive or a depolarizing mechanism, but appears to have an action corresponding to a mixture of the two, the transition being from a depolarizing towards a competitive block.[3] This effect has been demonstrated in animals[4] and more recently, in man.[5]

An attempt to explain this change from depolarizing to anti-depolarizing properties has been made by assessing the lipophilic, i.e. the tendency of a compound to be fixed in a fatty phase, and the hydrophilic, i.e. the tendency to be fixed in a watery phase, in other words the partition coefficient, by measuring the ratio of carbon to quaternary groups in the molecule of the relaxant compound. It is suggested that drugs with some measure of hydrocarbon loading, develop—through their lipoid affinity—an attachment to the membrane of a kind different from, additional to, and interfering with, the attachment which leads to end-plate activation. For instance it might be essential for normal activation of the end-plate, that a chemical bond be rapidly made or broken, or that the molecule has to move across or through the membrane. Fixation of the molecule by its hydrocarbon content to adjacent lipoid regions of the membrane could well interfere with such a process.

Now, by increasing the lipophilic to hydrophilic ratio in the relaxant molecule, the mode of action of the drugs pass from one of depolarization to one of competition. The ratio of carbon to quaternary groups in the acetylcholine and suxamethonium molecules is 5 to 1, in decamethonium 8 to 1, and in *d*-tubocurarine 19 to 1.

Thus it can be seen that although suxamethonium and decamethonium are less lipophilic than *d*-tubocurarine, they are not much less so. It seems therefore possible that a latent competitive element in their action might develop—particularly if their action were sufficiently prolonged, or if they were given in large enough doses so that lipoid fixation could occur.[6]

The Role of Potassium in Myoneural Transmission and Muscle Contraction

Potassium plays an important role in muscle contraction and myoneural transmission. Thus in familial periodic paralysis, there is invariably a hypokalæmia during periods of muscular weakness. The symptoms are greatly improved with potassium therapy.

The role of potassium in the initiation of muscular contraction would appear to be primarily associated with membrane depolarization. Its action, although of fundamental importance in the contractile process, has yet to be elucidated. Potassium is also partly able to antagonize the neuro-muscular block produced by *d*-tubocurarine.

It has been found that in dogs, suxamethonium and decamethonium increase the plasma potassium by up to 30 per cent.[7] On the other hand *d*-tubocurarine is free of this effect and in fact, will antagonize the release of potassium caused by suxamethonium and decamethonium.

The rise of potassium in the plasma is due to the release of potassium from the muscle cells, and this effect considerably outlasts the "attractive transience" of the relaxant action of suxamethonium.[6]

Neostigmine-Fast Curarization

In October, 1956, Hunter[8] drew attention, in a very disturbing paper, to the fact that some patients undergoing surgery for paralytic ileus from various causes were dying, because apparently it was not possible to reverse the anti-depolarizing neuromuscular block with neostigmine at the end of the operation.

Six cases were described. In each instance the patient was elderly and dilapidated and was suffering, in one way or another, from paralytic ileus, with or without peritonitis. They all had some degree of electrolyte disturbance.

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in safe amounts, anæsthesia was induced with a sleep dose of thiopentone followed by intubation with the aid of suxamethonium. Spontaneous respiration began after the normal 2-3 minute interval. Subsequent anæsthesia was maintained with nitrous oxide and oxygen, supplemented with small doses of pethidine or thiopentone. In four of the cases, relaxation was maintained with gallamine-triethiodide, and in two, with *d*-tubocurarine.

At the end of the operation, attempts to reverse the anti-depolarizing block with neostigmine 2.5 mg., preceeded by atropine gr. 1/100 were only partially effective. Spontaneous respiration returned, but its amplitude was insufficient to maintain life. Although adequate ventilation was maintained, death followed in all cases 6-8 hours after the end of the operation, from circulatory failure.

Various resuscitative measures were employed, all of which failed. The action of nikethamide, increased or decreased alveolar carbon dioxide tension, etc., had little or no effect. In one case however, it is significant to record that following the administration of potassium intravenously, there was an improvement, although complete normal respiration did not recover before ultimate circulatory failure occurred. (The serum potassium levels were not recorded).

Following this paper in the *British Medical Journal*, there was a voluminous correspondence on the subject. Anæsthetists from all parts of the country admitted to seeing similar cases with the same unfortunate ending.

It would appear that elderly patients who come to surgery, suffering from paralytic ileus, tend to respond in an unusual manner to anti-depolarizing muscle relaxants, in that the muscle paralysis is not reversed by neostigmine. They develop a " syndrome " with three fairly constant signs:—

(*a*) Persistent unconsciousness after elimination of the hypnotic agents as opposed to the muscle relaxants.

(*b*) Persistent inadequate respiration.

(*c*) Cardio-vascular failure from which most of them succumb.

Numerous theories were advanced as to the causes:

(*1*) *Depolarizing-Anti-Depolarizing Sequence*[9]
The sequence of drugs was blamed. It was suggested that the syndrome was due to a prolonged depolarization of the motor end-plate by suxamethonium, which had not repolarized before the competitive drug was added. However, a number of cases were reported in which only anti-depolarizing drugs were used.

(*2*) *Toxin Theory*[10]
It was suggested that the obstructed bowel gave rise to a toxin which in some way inhibited the liberation of acetylcholine as the toxin of the botulinum bacillus is said to do.

(*3*) *Neostigmine Theory*[11]
It was suggested that this drug was given in too large a dose. It is a known fact that in myasthenia gravis, excessive dosage of neostigmine can produce a neuro-muscular block.

(*4*) *Hidden Myasthenia Gravis*[12]
On the other hand, another correspondent suggested that all these patients were hidden myasthenics, and described two cases which recovered after being given 35 and 40 mgm. of neostigmine respectively.

(*5*) *Carbon Dioxide Theory*[13]
An excess of carbon dioxide due to inadequate inflation was thought to give rise to an acidæmia and central respiratory depression. Some correspondents reported a number of cases in which hyperventilation using a carbon dioxide absorber restored normal respiration.

(*6*) *Circulatory Failure Theory*[14]
The myocardium was said to be in a poor condition in these elderly people and this condition was worsened, by their toxic state, by some impairment of venous return due to inflation against a rigid thorax, and by some degree of anoxia. The addition of atropine would add further strain to an already overtaxed myocardium. The final addition of neostigmine would cause some increase in muscle tone and hence an increase in venous return to the right side of the heart, with a resultant development of right-sided heart failure. This theory had some confirmation in that a number of the cases were found at post mortem to

have, in fact, developed right-sided heart failure. The weak gasping respirations were thought to be due to cerebral anoxia.

(7) *Cholinesterase Theory*[15]
One author considered that in these patients there was a low cholinesterase level. He therefore suggested that neostigmine, an anti-cholinesterase drug, could not be expected to have much of an effect.

The various theories advanced appeared to have little in the way of facts to back them, and a number tended to contradict each other. Foster[16] however, published a series of eight cases in which he made out a very good case for the answer to the problem, lying in the much overlooked central action of the anti-depolarizing relaxants.

Ever since Claude Bernard showed that the paralysing action of curare was at the neuro-muscular junction, this drug's action on the central nervous system has been overlooked. In fact, in normal therapeutic doses, *d*-tubocurarine does not appear to penetrate the blood/brain barrier. Opposition to the entry of this drug seems to depend on the efficient functioning of: the living cells of the capillary membranes inside the central nervous system; the extracellular ground substance of the brain, associated with the astrocytes; the neuroglia; and the cell membrane of the neurones. Therefore, factors which depress the activities of these cells such as hypoxia, dehydration, and in particular, loss of potassium, may alter the selectiveness of the blood/brain barrier and admit *d*-tubocurarine. This is confirmed by experiments on rats, in whom even minor depletion of intracellular potassium increases the permeability of the barrier to anti-depolarizing drugs.

If anti-depolarizing drugs are administered in doses three to ten times the paralysing dose, there is consistently demonstrable interference with C.N.S. function. This would therefore suggest that whatever the mechanism for normally excluding the entry of relaxants into the brain, there is a threshold, which presumably like other thresholds in the body, may be altered.

Effect of d-tubocurarine within the Brain

In the brain, *d*-tubocurarine has a convulsive, followed by a depressive, effect. A sequence of events has been observed both clinically and experimentally. Firstly there is stimulation, giving rise to reflex excitability, followed by disorganization, resulting in convulsions, and terminating in suppression of activity resulting in paralysis. In the central nervous tissue it acts both extracellularly, blocking synaptic conduction, and also intracellularly, modifying axon transmission.

d-Tubocurarine has been shown to be a potent inhibitor of cholinesterase in the central nervous system, and on injection into an axon, which it is normally unable to penetrate, will block nerve transmission, as a result of its anti-cholinesterase activity. Neostigmine reverses the central synaptic block caused by *d*-tubocurarine, but not the interference with axon conduction. In fact, as neostigmine is itself a powerful anti-cholinesterase drug, it may well potentiate the interference of *d*-tubocurarine with axon conduction.[17]

It would therefore appear that the syndrome could in part be due to the central depressing action of the anti-depolarizing drugs. This central depression would account for the failure of neostigmine to reverse the respiratory paralysis, the persistent unconsciousness, and the ultimate failure of the cardio-vascular system. Up until now it has been very difficult to understand why, even though these patients were adequately oxygenated artificially, they developed circulatory failure. Many sufferers from tetanus and poliomyelitis provide convincing proof that patients can be kept completely paralysed for many days with an anti-depolarizing drug without suffering any harm provided their lungs are adequately ventilated.

The threshold of the blood/brain barrier is in some way lowered by toxæmia, dehydration, and in particular electrolyte disturbances, so that the muscle relaxant gains access to the central nervous tissues. As a result, what would normally be a small therapeutic dose having no central action, may in this particular group of patients, become a lethal one. In addition, the depleted potassium would tend to potentiate the peripheral action of the *d*-tubocurarine by interfering with normal neuro-muscular transmission and muscular contraction.

That potassium depletion is not the only factor is suggested by a case of adrenal hypercortism, who had a reduced serum potassium level of 2.9 mEq. per L. and also a reduced muscle potassium content of 34 mEq. per Kg. against the normal 97-107 mEq. per Kg.

This patient had a subtotal adrenalectomy, and during the operation was given 75 mg. of *d*-tubocurarine over 2 hrs. 25 mins., throughout which period her respirations were controlled.

At the end of operation the curarization was reversed by 2.5 mg. of neostigmine preceeded by 1.2 mg. of atropine. Full respiratory activity was present after five minutes and the patient was rousable after 20 minutes.[18]

Treatment

The best form of treatment for this syndrome—having recognized its existence—is to avoid developing it. Prevention is better than cure. These patients are very ill and require very small doses of anæsthetic agents. Ample relaxation can readily be obtained with volatile agents such as ether or cyclopropane which are readily excreted via the lungs. If anti-depolarizing relaxants must be used they should be used in reduced dosages. Depolarizing relaxants on theoretical grounds should be avoided because they are known to cause a profound release of potassium from the cells into the tissue spaces. This may be of great significance in patients who already have a reduced intracellular potassium level.

Patients suffering from electrolyte imbalance may be somewhat resistant to anti-depolarizing drugs. This is probably due to the early central action of the drug causing antagonistic central motor stimulation. In addition, peripherally, the low cholinesterase level that is said to occur in these patients will potentiate the action of acetylcholine and thus inhibit the action of the anti-depolarizing relaxant. The tendency, therefore, would be for the anæsthetist to use increasing doses in an attempt to achieve better operative conditions. This may result in the patient requiring assisted or controlled respiration. From the experiences of a number of correspondents this would appear to be contra-indicated. Most people agree that these patients must at all costs be allowed to breathe for themselves, because of the hæmodynamic problems arising out of inflating a rigid chest, and thereby impairing venous return to the heart. Also, if the dose of relaxant is sufficient to allow easy and efficient controlled respiration, it is probably sufficient to cause central depression.

In the post-operative phase, the patient may not respond to neostigmine and in fact, may develop the previously described syndrome. Treatment then is both difficult and extremely dangerous. An estimate of the serum potassium level must be made.

Potassium in the body is distributed in both the intra- and extra-cellular fluids. The concentration of intracellular potassium, which in the normal totals about 3,200 mEq., cannot be readily ascertained. The measurement of the extracellular potassium concentration is however, thanks to the availability of the flame photometer, now a routine process. In the normal, this totals about 70 mEq., or about 4 to 5.5 mEq. per litre of plasma. Because of the wide difference in the total quantities of intra- to extra-cellular potassium, a significant lowering of the intracellular concentration may make little in the way of difference to the extracellular concentration. As a result, the serum potassium level may well be normal, even though the cells are greatly depleted of the ion. Therefore, the assessment of the intracellular loss of potassium may only be a rough estimation based on the patient's history and the clinical findings. An attempt should be made to replace the depleted intracellular potassium intravenously.

In a patient in whom the syndrome developed, although neostigmine had a small initial reversal effect, subsequent doses depressed both respiration and degree of unconsciousness. The apnœa and unconsciousness however responded dramatically to the rapid intravenous infusion of 250 ml. of normal saline containing 20 ml. of 20 per cent. potassium chloride + 30 ml. of 10 per cent. calcium gluconate. Half this amount was given in 15 minutes with full return of muscle power, respiration and awakening.[19]

The dangers of intravenous potassium should never be overlooked, as experience in the treatment of diabetic coma and of ulcerative colitis have shown. These dangers are very much increased in the presence of impaired renal function, and are related to increases of the extracellular potassium level, depressing the myocardium, ultimately giving rise to cardiac arrest in diastole. In the case which recovered with potassium therapy, calcium was also administered in an attempt to reduce, in some measure, the toxicity of the parenteral potassium administration. The administration of 50 G. glucose and 25 units of insulin repeated 2-hourly as necessary, is also said to aid the transfer of potassium from the extra- to the intracellular compartments of the body. E.C.G. monitoring during the infusion may forewarn of the toxic effects on the myocardium.

At the same time, the patient's lungs must continue to be adequately ventilated artificially. The ultimate failure of the cardio-vascular system must be anticipated and therefore the patient should be digitalized. Further support to the cardio-vascular system should be afforded as necessary, by the administration of methyl-amphetamine or *l*-noradrenaline.

Summary

The recent literature on neostigmine-fast curarization is reviewed. The suggestion is made that the condition is due to the central action of *d*-tubocurarine.

A recommendation is made that if muscle relaxants must be used in anæsthetizing patients who are potentially liable to develop this condition, only small doses of an anti-depolarizing drug should be administered as an adjunct to a volatile agent. By some mischance, should the condition develop, the general lines of treatment are suggested.

Acknowledgment

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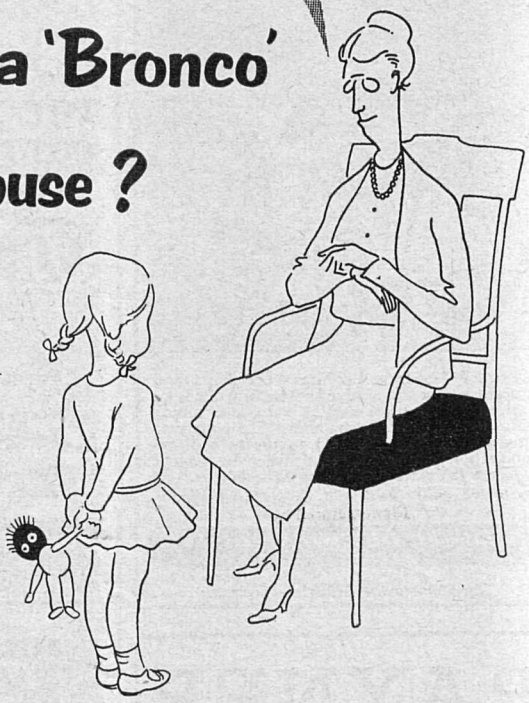

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An Extract from a letter :—

"I have never had hopes more pleasantly confirmed than by coming here to Saskatchewan. The job, the pay, the country, the house are entirely what they claimed to be in the communications we received in England. The only thing they did not dare to mention was that in spite of having a charming ten-roomed house at almost nominal rental with a highly efficient thermostatic heating system there is no flush toilet and drinking water has to be drawn from a well ! But these are trivial discomforts.

People are amazingly kind and hospitable and most versatile : they have had to be. They really are a fine lot—these prairie farmers. Crime is nearly non-existent in this village. The country is not typical prairie but rather more like England—rolling with lots of small woods and little lakes : no fir trees. It is a paradise for birds, beasts and insects and for hunters. The duck shooting was glorious and deer hunting a great thrill too. There are no ' Keep Out ' or ' No Trespassing ' signs. Provided you shut gates you can go anywhere. There is a deep and very pretty valley called the Qu'appelle, ten miles north full of wild life—mink, skunk, beavers, etc. It runs west for a cool 200 miles.

Cost of living we estimate at about one quarter more out here but then one lives much better as regards house comforts and food and income is much better. This job is said to gross $12,000 and it is just about doing that already and will bring in probably another $2,000 a year from maternity work soon which is building up. I have an excellent medical centre, built three years ago, with hall and reception, two examining rooms, my office, casualty room, pathology room, toilet, X-ray room and dark room. It is very well equipped with sterilizers, autoclave, centrifuge, microscope, cautery machine, etc. The only drawback in the medical set-up is a 17 mile drive along the dirt No. 8 highway to Moosomin Hospital. But then one has more or less as many beds as one can ever need for any type of case at the hospital which is very nice, modern, 45 beds and has three Moosomin doctors, myself and one other outlying doctor (from the London Hospital !) on the staff. I am getting in as much (assisted) surgery as I can and the others are particularly kind and helpful. One is expected as a G.P. to do at least sigmoidoscopies, hernias, V.V.'s, T's and A's, hæmorrhoids, appendicectomies, cystoscopies, occasional gall bladders and D and C's. Also one interprets much of ones X-rays which are taken by oneself in the surgery and by radiographers at hospital where one also does screening for G.I. series, and barium enemas.

General practice as you can gather is very satisfying ! One does not feel strained and overworked because seeing much fewer people in the surgery—perhaps twelve to sixteen in four hours—one can take a full length history, examine unhurriedly, do X-rays and so on. House visits are much fewer than in the average hard worked general practice at home, perhaps five or six a day. Everybody has a car and they come into the office, rather than call me out—which can be very expensive for them (at $1.00 a mile on perhaps an 18 mile call) and time consuming for the G.P.

You should see some of the country ' roads ' ! The mud here is spectacular after heavy rain and in the spring, ruts of wondrous depth occur. We have been very lucky with snow so far this winter only a few inches most of the time, but the prairie wind can ' blow in ' the small tracks in a few hours. The worst thing about the winter most people agree is its length which varies but even this year—a very good winter with roads still open, there has been snow on the ground since the end of October. The cold is pretty healthy. It is just a question of being properly dressed ! This may mean that only eyes are apparent ! There is often lovely blue sky all day. Coldest we have had—38° below zero—real brass monkey weather. It does not usually go below that. We have turkey, chicken, a lamb sectioned and venison in the outside porch where it will usually stay rock hard from November to March.

There is a great feeling of freedom, lack of tension and lots of optimism that goes with living in a country which for oneself and, even more, for one's children one feels has a great future."

THIS IS TO REMIND YOU

that

GUY'S SPORTS DAY AND FETE

will be held on

SATURDAY 1st JUNE, at 2.30 p.m.

at

HONOR OAK PARK

TRACK AND FIELD EVENTS — MEDICALS *v.* DENTALS
TUG O' WAR — LADIES' RACE — CHILDREN'S RACE

ENTRIES ON NOTICE BOARD IN COLONNADE

Mr. P. B. Hildreth, The Olympic Hurdler, will run over the hurdles against lesser mortals on the flat.

Side shows include

COCONUT SHY, HOOPLA, ROLL A PENNY,
BALLOON RACE, ETC.
MANY PRIZES.

THE ARCHERY CLUB INVITE YOU TO TEST YOUR SKILL.

THE BAND OF THE HONOURABLE ARTILLERY COMPANY will play during the afternoon.

DANCE in the STUDENTS' CLUB during the EVENING.

Admission to Ground 1/- Children 6d. Clubs Union Members Free.

ALL MEMBERS OF THE HOSPITAL COMMUNITY AND THEIR GUESTS ARE WELCOME.

DON'T MISS THIS OCCASION

CORRESPONDENCE

Letters to the Editor of the Gazette

Drugs of Addiction in the Aged

From Sir John Conybeare

SIR,—Now that the trial of Dr. Adams is over comment is permissible. One of the most important functions of a doctor is to alleviate suffering, physical or mental. There is a risk that the accusations brought against Dr. Adams may unduly alarm practitioners and lead to their prescribing sedative and analgesic drugs in insufficient doses to be effective. It is going to be a sad day for patients, particularly those in whom recovery cannot be expected, if the doctor's fears of repercussions prevent him exercising the prerogative of mercy when it is most needed.

Much was said at the trial about the danger of drug addiction. True as this may be in general, it is of little importance in the aged, whose span of life is obviously limited by incurable disease. In such cases, drugs in sufficient doses not only give release from suffering, mental or physical, but also prolong life. If you want to kill the patient give him nothing to alleviate his misery.

Yours etc.,

14, St. Thomas's Street,
London, S.E.1.

J. J. CONYBEARE.

The United Hospitals' Swimming Gala

From Mr. F. S. Warner

SIR,—The United Hospitals' Swimming Gala will be held at the Marshall Street Baths, London, W.1, on Friday, 24th May, 1957, at 7.30 p.m. As the holders of the Cup the Guy's Hospital Swimming Club is anxious that the Gala should be well attended and as the President of the Club I am writing to enlist the support of your readers.

The tickets are 4*s*. each for the reserved seats. Anyone requiring a ticket should write to me and at the same time forward a cheque made payable to Guy's Hospital Medical School.

Yours etc.,

F. S. WARNER,
President,
Guy's Hospital Swimming Club.

Medical School,
Guy's Hospital, S.E.1.

School of Nursing

SIR,—Sister Janet, who has been in charge of the Preliminary Training School for many years, will soon be retiring, and I am sure that many friends and Guy's nurses, past and present, would like an opportunity of contributing to a presentation. I shall be glad to receive contributions at the address below.

Yours etc.,

M. G. STOCKDALE,
Sister Tutor.

School of Nursing,
Guy's Hospital S.E.1.

Poster Art

SIR,—As one who travels frequently in the lurid labyrinths of London's underground railways, may I state my relief and pleasure on coming into the Hospital to find many hospital societies advertised by eye-catching, yet pleasing and well designed posters.

Is it possible for those arranging the art and photography exhibition which is to be held soon to display some of the best posters of the past two or three terms ?

Yours etc.,

1, Green Curve,
Banstead, Surrey.

P. J. WINTER.

The Cross Country Club

SIR,—I was most interested in the article by D. J. Lyon in the *Gazette*, dated 2nd March, on the Hospital Cross Country Club.

May I point out, however, that this is a *team* event, and therefore the individual winner is of secondary interest. I was a member of the Guy's winning team in 1921, '22 and '23. Housden, Jago and myself were present in all the races. In 1921 and '22, R. S. Chambers, J. D. S. Thomas and J. G. S. Thomas (brother) and S. E. Theiss were present in one or two but not all three occasions. In 1923 I have a photo of the winning team, Housden, Jago the two Thomas brothers and myself.

The point I want to make is that although outstanding performers such as Housden, Lightwood and Jago might be the first home the cup went to the hospital that got five men home with the smallest total and it was the faithful little band of chaps who stuck together under Housden for three or four years that put the Hospital Hare and Hounds to the fore.

I am delighted to see the Hospital has won the cup again.

Yours etc.,

61, Cotham Brow, Bristol, 6. J. L. FAULL.

Nineties Club

SIR,—Will you once again grant me the courtesy of your columns to inform your readers that the annual dinner of the above Club will be held this year at the Trocadero Restaurant, on 12th June.

This, with its immediate progenitor the "Contemporaries," will be its 50th meeting and any Guy's man whose first connection with the Hospital was in the last century will be most warmly welcome.

Yours etc.,

Weat Kent Hotel, Bickley, Kent. H. W. BRUCE.

SPORT

GOLF

London University Championships, 1957

The University Championships for 1957, were played at the Berkshire Golf Club, Ascot, on 1st May.

The individual University Championship for the Eckhoff Cup was won by D. Holmes (Guy's).

Scores : 1st D. Holmes (Guy's) 77+76—153.
2nd R. Mills (Imperial College) 73+81—154.
3rd M. Darroch (St. Mary's (*Holder*)) 77+79 156

The Inter-collegiate Team Championship for the Beveridge Cup was regained by Guy's after a three year interval.

Scores : 1st Guy's, 492.
1. D. Holmes (Capt.), 77+76.
2. G. Manson, 84+86.
3. I Chisholm, 86+83.

2nd St. Thomas's, 496.
3rd Imperial College, 300.

GUY'S HOSPITAL SAILING CLUB

During the series of races held during the winter with United Hospitals' Sailing Club on the Welsh Harp, Guy's won easily with five firsts out of a possible five. Credit for this must go wholely to John Barker who sailed extremely well.

The final result was :—

	Points
1st Guy's	.. 41
2nd Westminster	.. 31
3rd St. Mary's	.. 21
4th St. Bartholomew's ..	.. 20
5th, U.C.H.	.. 16
6th Charing Cross and Royal Dental	5
7th The Royal Free	.. 2

The United Hospitals now have six 16 ft. Burnham Sailing Club one designs which have been in the water for the past four weeks. They also have five 12 sq. metre sharpies which it is hoped to get in the water early in June. Eventually the U.H.S.C. hope to have a fleet of six 12 sq. metre sharpies and two or three 16 ft. B.S.O.Ds.

Anyone interested in sailing and wanting further details of the club and its activities should get in touch with T. G. Nash or J.P. Barker.

BRIDGE

A general meeting was held in Newcomen Street Buildings, on Thursday, 2nd May, for the re-inauguration of the Guy's Hospital Bridge Club. Officers elected were :

Captain :	R. R. Paul.
Hon. Sec. :	D. Holmes.
Treasurer :	M. Wilson.
Committee :	A. Collingham. P. Reynolds. A. Redman. D. Sabel.

Following the General Meeting a Bridge Drive was held and the winners were :

1st { R. Paul and A. Redman
equal { K. Richards and P. Reynolds } 8470 pts.

Booby Prizes : Brenchley and Kemp 1370 pts.

It is hoped shortly to hold a Duplicate Tournament and to arrange fixtures against other clubs.

HOSPITAL INFORMATION

APPOINTMENTS

ROYAL COLLEGE OF PHYSICIANS OF LONDON

F.R.C.P.

P. M. F. Bishop E. J. Moynahan

UNIVERSITY OF WITWATERSRAND

Professor Julius Staz has been appointed Dean of the Faculty of Dentistry at the University of Witwatersrand.

UNIVERSITY OF LONDON

Recognition of Teachers

Full Recognition

Andrew Michael Hutton as a Teacher of Anæsthetics at Guy's Hospital Medical School.

APPOINTMENTS VACANT

PHYSIOLOGY DEPARTMENT

It should be noted that applications would be considered for 2 part-time Junior Lecturers as an alternative to one whole-time Junior Lecturer.

GUY'S HOSPITAL MEDICAL SCHOOL

Charles Oldham Prize in Ophthalmology 1957

The following awards have been made :

K. B. Tyrer — First Prize—£60

I. N. L. Johnston, D. J. Richards — Bracketed equal Second Prize divided —£15 each.

PASS LIST

UNIVERSITY OF LONDON

M.D.

April, 1957

J. H. Evans

Special Second Examination for Medical Degrees

March, 1957

B. Batten	J. B. Kelly
J. S. Brewer	Heather S. Kerr
A. J. Bron	C. C. Korvin
J. P. B. Budgen	D. A. H. Langman
Margaret E. Cash	Ann Limehouse
M. E. Cavendish	J. D. Lloyd Still
T. J. H. Clark	S. McHardy-Young
H. M. Clink	I. F. Macrae
G. P. Coleman	J. F. Murray
H. R. Davies	J. R. Norman
M. H. Devereux	C. S. Ogg
E. R. Dixon	S. M. Patient
M. D. Farrar	D. Pickering
D. J. Fishlock	L. M. Razavi
Susan R. Greenwood	R. J. Rew
J. B. Gritton	D. A. Reynolds
D. R. Harvey	R. S. Terry
Judith M. Hawker	T. G. Tetlow
R. D. Hill	Patricia M. Thompson
K. E. F. Hobbs	P. M. J. Tombleson
A. P. Hopkins	P. L. H. Vernon
A. S. Horner	E. R. Walrond
K. E. E. Hubble	M. S. Wirk
R-K. R. Innes	Ann J. Wiseman
C. W. Jamieson	J. D. Wonham
I. W. Jones	

UNIVERSITY OF LONDON

Second Examination for Medical Degrees

(For External Students)

March, 1957

J. C. Bouch

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

M. Kinsbourne Jane Platnauer

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D.C.H.

L. P. Balfour-Lynn G. H. Warrick

D.T.M.&H.

K. G. Somers-Dehaney

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination

April, 1957

Pathology

P. G. C. Calverley	*B. C. Mallaband
L. Cook	J. G. Manson
J. B. Gornall	J. I. Millar
A. B. Hewitt	A. B. Morphy
I. M. Jessiman	R. P. Snaith
B. S. Kennett	D. A. H. Thomas
S. J. Lam	M. F. Waboso
N. Lis	

Medicine

R. R. Cox	J. P. Lissenden
T. R. Cullinan	J. A. Mathews
M. H. De Groot	M. N. Morgan
H. C. Hollingworth	*R. E. Owen
I. M. Jessiman	M. A. H. Russell
B. S. Kennett	P. A. R. Sukhbir
S. J. Lam	D. A. H. Thomas
*M. J. Lavine	M. F. Waboso
N. Lis	

Surgery

*T. M. Bull	*R. E. Owen
*P. S. Firth	R. W. Sherwin
*L. M. Hillman	*M. F. Terry
*R. G. G. Gain	*R. R. Watkin
*B. C. Mallaband	*W. Whitrow

Midwifery

A. A. Akiwumi	M. Hopwood
A. J. Armour	J. G. Manson
*T. M. Bull	J. A. Mathews
P. G. C. Calverley	S. O'Connell
L. Cook	R. P. Snaith
P. M. E. Drury	W. J. W. Siddall
H. C. Hollingworth	G. Willett

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

April, 1957

Surgery

E. D. Keen *G. A. Robson

*Have completed the examination.

NURSING NEWS

Left : S/M Sheeran.

Entered : S/N B. Cameron (*Victoria*).
S/N J. Goodall (*Nuffield B*).
S/N A. R. Turner (*Evelina, Night Duty*).

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 6d. extra.

DISCERNING READERS will have noted the Sports Day Announcement on page 202 Having done so they will certainly make a reservation for this date and will have a thoroughly enjoyable afternoon.

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications

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CHANGES OF ADDRESS

I. D. Henderson, F.R.C.S., Devonhurst, Mayfield Lane, Wadhurst, Sussex. (Tel. Wadhurst 197).

K. A. Hillard, Capt. R.A.M.C., M.R.S., Polimedhia, Cyprus, B.F.P.O. 53.

D. U. E. Miller, L.D.S.R.C.S., 410, Hainton Avenue, Grimsby, Lincs.

A. G. Spooner, M.B., B.S., 14, Yeading Lane, Hayes, Middx.

ERRATUM

I. Ll. Thomas, B.D.S., L.D.S.R.C.S., 4, Barbourne Terrace, Worcester.

BIRTHS

BAKER.—On 27th April, 1957, in Guy's Hospital, to Margaret, wife of Geoffrey A. E. Baker, M.B., D.R.C.O.G., a daughter, (Margaret Wendy).

FINKEL.—On 14th April, 1957, to Jeanette, wife of Wallace Finkel, L.D.S.R.C.S., a daughter (Jennifer Betty), a sister for Irving and Angela.

IRVINE.—On 23rd April, 1957, at Newcastle General Hospital to Peggy (née Walter), wife of R. E. Irvine, M.D., M.R.C.P., 13, Claremont Place, Newcastle-upon-Tyne, 2, a daughter (Mary Elizabeth) a sister for Catharine, Deborah, Andrew and Patricia.

WORDEN.—On 17th April, 1957, in Guy's Hospital to Joyce and Richard Worden, a son (Graham Richard).

DEATHS

ALDRED.—On 1st May, 1957, Alexander Benjamin Aldred of 88, Park Street, W.1.

LYON.—On 19th April, 1957, at the Mill House, Upper Broughton, Near Melton Mowbray, Eileen Barbara (née Samuel, S.R.N., S.C.M.), wife of D. J. Lyon, L.D.S.R.C.S., Mother of Iain, Valerie and Roddy.

SHATTOCK.—On 12th April, 1957, Charles Robert Shattock, M.R.C.S., L.D.S., of 1, Burlington Gardens, Chiswick, W.4.

EDS. {T.W.H. P.M.E.D.

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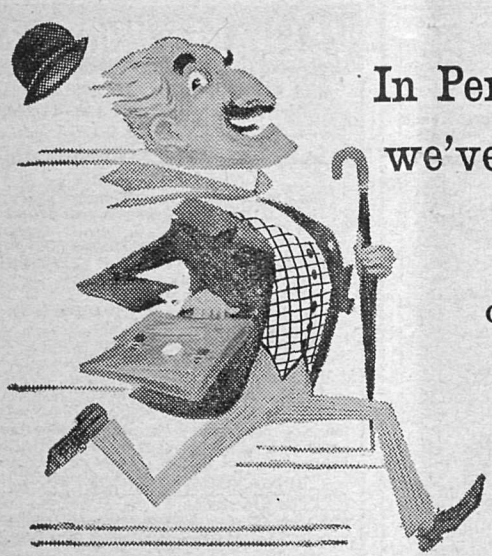

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G.H.G

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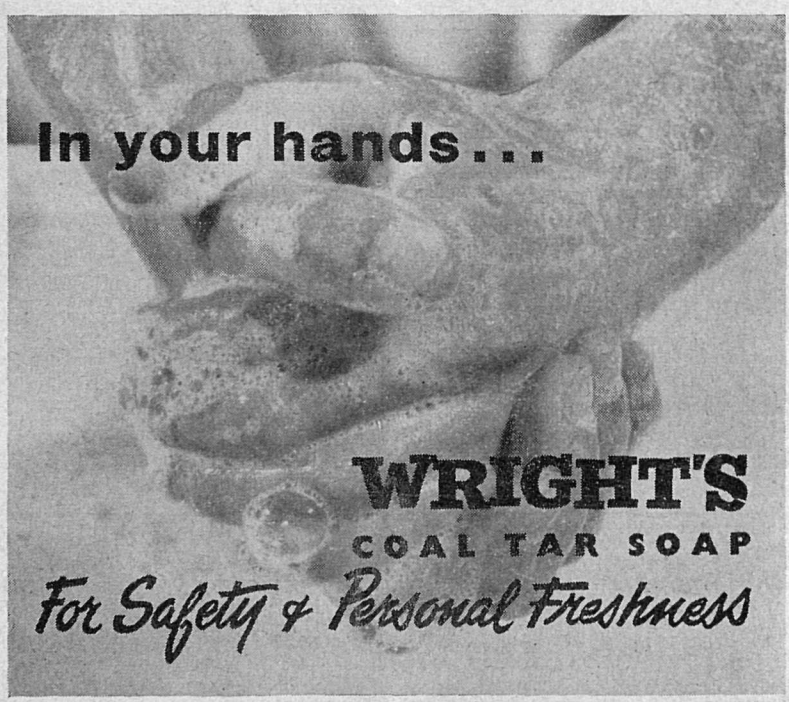

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Vol. LXXI No. 1796 25th May 1957 One Shilling

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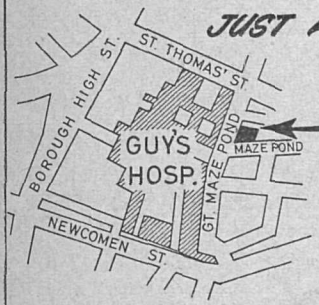

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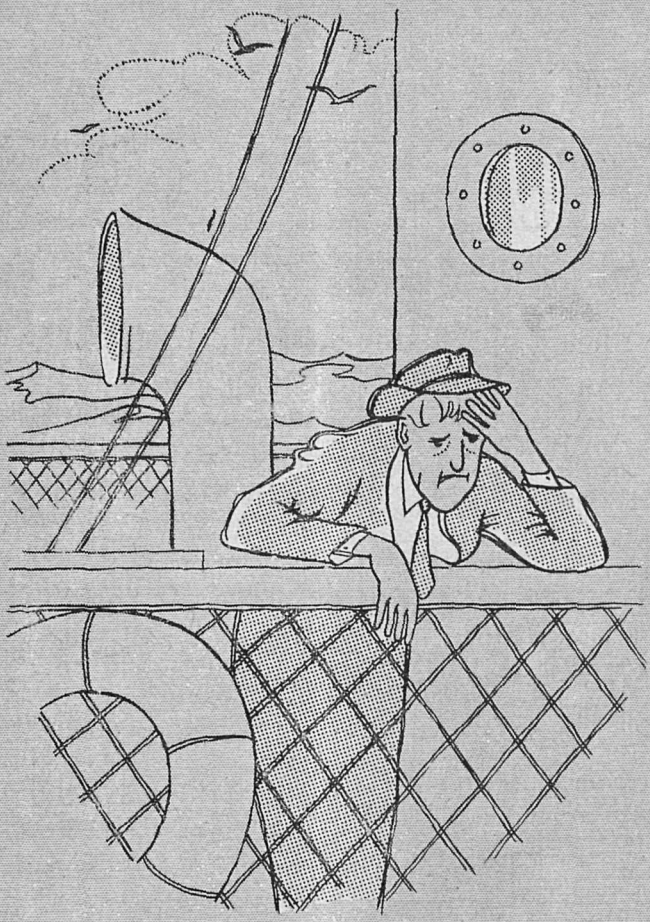

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25th May 1957

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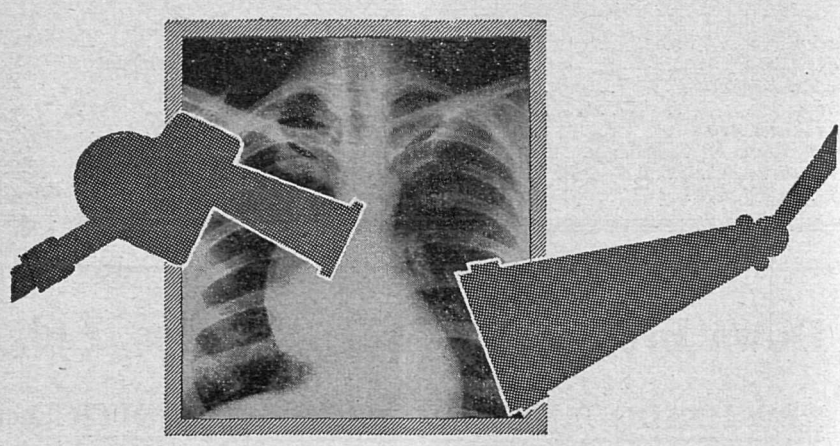

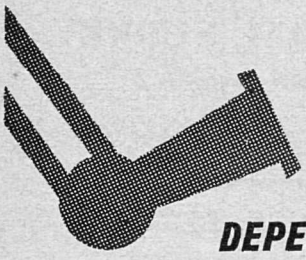

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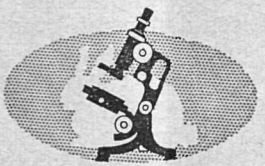

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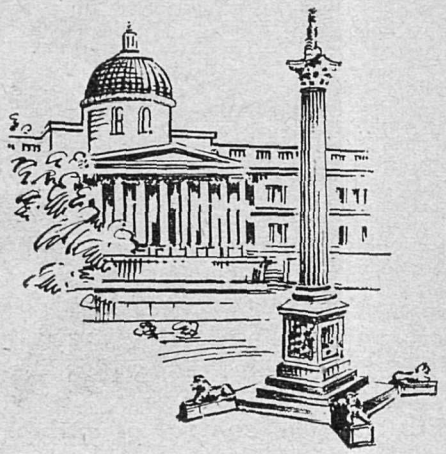

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A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1796 *25th May* 1957 *One Shilling*

PASSIM

Economist at Sea

SELDOM can Dogberry's assertion that comparisons are odorous have been more applicable than to some extraordinary remarks made recently to the Convocation of London University. The speaker was Professor L. C. Robbins, Professor of Economics in the University, and the substance of his address was a plea that the University's B.Sc. (Econ.) degree is at present inadequate, and that the length of the course should be increased from three to four years. The Professor obviously anticipates a good deal of resistance to his proposal and is at pains to justify it by comparison with other courses lasting over three years, and makes specific comparisons with medicine. It is here that his carefully argued and lucid thesis comes right off the rails. He ended his address with the following words : " No one objects to medical studies taking more than three years—we are all much too anxious to be looked after properly when we are in pain or when we think we are dying. Why then should we object to taking four years studying a subject which is so palpably very much more difficult than medicine ? "

Knowing very little about economics, and indeed being a little bewildered by the contradictory statements and policies of different economists, we would not dream of passing judgement on anything concerned with so complex a subject. If we did, and went half as far astray as Professor Robbins when speaking of medicine, it would be most embarrassing. Surely he cannot be so ingenuous as to believe that the length of the medical course is determined by the anxiety of the lay public to be looked after properly when in pain ; if he is, then perhaps he is also capable of such illogical thinking as to correlate the difficulty of his subject with the number of mistakes made by its practitioners, about which he is both humble and sanguine. Economics and medicine are very different subjects, attracting different types of personality, and requiring different qualities of character, and this in itself makes direct comparison absurd. But as far as the intellectual attainments required for each are concerned, Professor Robbins's judgement that in economics, " the capacity for sifting a variety of evidence, marshalling heterogeneous material, interpreting complex situations, call for natural ability of a high order " is just as applicable to our profession as to his.

Elsewhere in his address, he states that only those who reach the first class or the upper half of the second class honours lists make

useful economists, and again he makes a ludicrous comparison : " Presumably, if a doctor has just scraped through his examinations he still knows enough to be some help sometimes ". If the Professor had consulted one of his medical colleagues in the University he would soon have learned of the numerous fallacies in this attitude. Even if we accept for the moment his belief in examination performance as the be-all and end-all of suitability for a profession—as perhaps it is in economics—he could have learned that the sifting process in medical training is mainly at Second M.B. level, where a second class honours degree or its equivalent is required before the student can proceed to his clinical studies ; all but a small proportion of doctors are therefore academically on a par with his useful economists before they qualify. He would have learned too of the big difference between an honours degree examination, with its wide choice of subjects and questions, and the final medical examinations where every question of every paper has to be answered. He might also have considered the statutary requirements of practical experience required before a doctor can qualify. All of which shows the absurdity of his concept of the doctor who had " scraped through his examinations " being " of some help sometimes ".

The greater error, of course, is the narrow-mindedness which equates success in examinations with quality as a doctor, particularly so when he rightly regards the most important function of a doctor to be the relief of pain and the care of the dying, which are not subjects that feature prominently in the examinations. By failing to take into consideration the art as well as the science of medicine he has ended up hopelessly at sea.

We wish Professor Robbins well in his campaign for reform, but if he wins the day we hope it will be through his distinguished academic record in the teaching and application of economics rather than this misguided excursion as a commentator on medical education.

We heartily congratulate Dr. J. D. L. Reinhold on his appointment as Assistant Professor of Pædiatrics in the University of Colorado, which he takes up on the 1st July. As Assistant to the Director of our Department of Child Health, he has distinguished himself particularly in pædiatric cardiology, and has contributed much to the clinical development of phonocardiography. Denver's gain is very much our loss, and we cannot but regret the transfer of yet another talented doctor from here to the United States. We wish him every happiness in the New World.

We offer our congratulations to Dr. P. D. B. Spence, who qualified at Guy's in 1929, on winning the South African Senior Golfers singles title in April, with a gross score of 156 for 36 holes. Dr. Spence is a versatile sportsman who represented South Africa in the Davis Cup in 1928, and played full back with distinction for the Rugby Club during his career at Guy's. We feel sure that his contemporaries will be delighted to hear of his success.

The Art Exhibition provides an unusual opportunity for correlating styles of painting with the personalities of the artists, and there

is great fascination merely in seeing how our friends, colleagues, and teachers express themselves on canvas and paper. But there is much more to the exhibition than this, for the standard is again extraordinarily high, and there is a great variety of talent to delight the expert, the amateur, and the ordinary casual visitor. We are particularly pleased that both the Pipers are to be seen side by side and to good advantage. We hope to publish an independent criticism of the exhibition in the next issue.

Several Guy's students are taking part as walkers-on in the production of *Aida* by the Italian opera company at present at the Stoll Theatre. Regrettably, the *Gazette* was not represented at the first night, so we are unable to say what prompted the remark in *The Times* that " the *décor*, production, and choreography afford some unintentional amusement." A member of the King of Egypt's bodyguard has promised us his own version of what happened for our next issue.

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *Burns.*
28th	T	1.00	Dr. P. M. F. Bishop. Clinical Lecture.
29th	W	4.45	Science Club. Dr. J. A. Thornton. *The Physiology of Positive Pressure Respiration.* (Tea 4.30).
30th	Th	5.00	X-ray Meeting. Medical X-ray Department.
31st	F	1.00	Mr. R. H. F. Brain. Clinical Lecture. *Trauma and the Chest.*
JUNE			Exhibition. Department of Surgery. *The Acute Abdomen.*
4th	T	1.00	Professor M. A. Rushton. Dental Clinical Lecture. *Recent Cases of Interest.* Dental Theatre.
6th	Th	5.00	X-ray Meeting. Gordon Museum.

THE ART EXHIBITION

Some think a doctor's life of wear and tear
Leaves but a minimum of time to spare
But no, some doctors suffer, if you please
An aggravated form of Art disease.

The Surgeon's sterile gown ; the Sister's frock
Differ so widely from the painter's smock,
And yet I'm told its quite correct to see
A painter doing hysterectomy.

A doctor with his brushes paints and oil,
Lets not ambition mock his useful toil,
To me it demonstrates, without a doubt
The Schoolboy howler " Chacun à son gout ".

E.

NOTICE

GUY'S HOSPITAL CHAPEL
ASCENSION DAY
Thursday, 30th May

7.0 a.m. Holy Communion 8.30 a.m. Holy Communion
and, by special request, for students at **5.30 p.m.**

Fifty Years Ago

From Guy's Hospital Gazette, 1st June, 1907.

PAPERS FOR THE NEWLY QUALIFIED

IV.—Some Hints—Mainly Cynical

Go dead straight and escape the Income Tax Collector

Beware of acquiring too much knowledge of the clinical kind ; it will lead you to correct and accurate diagnosis. Now " diagnosis is the d-l " in a general practice, for if you are freighted with a conscience it will lead to correct treatment, and you will early discover that modern treatment is painfully efficacious for many, if not most, diseases with which you will come into contact. Today the old motto is transposed—Ars is short, and vita long. Short Ars means short attendances—meagre bills !

Something may be done by bearing always in mind the happy fact that doses of Sod. Salicylate larger than five grains, or of Fowler's Solution or Digitalis larger than three minims, *may* cause poisoning. This fact, influencing your prescriptions, will lengthen your attendance on rheumatism, chorea, or morbus cordis. The great majority of your cases will really require only one or two visits, but that way starvation lies. By hook or by crook the visits must be increased—increase them. Never hesitate to suggest a consultation, it much increases the importance of the case ; you can do as you please about the consultant's suggestions. A few hints may be serviceable to you from the practices of practitioners (£500—£1,000 per annum) I have known.

In a case of chronic dyspepsia there *may* be an abdominal tumour. It is fatal to examine the abdomen ; let your natural modesty restrain you, as, having found one, an operation will be indicated and the patient escape you. Politzeize the ear at frequent intervals (at five shillings a sitting), but if you look into the meatus in an unguarded moment do it in a bad light ; there may be wax there, a discovery which would put an end to the treatment in a single sitting. Drugs are more efficacious for neuralgia than the dentist. A diagnosis of general anasarca, after making a mark on the chest wall with your stethoscope, leads to lucrative treatment. Forgetfulness of the unfortunate fact that other things in the urine besides sugar sometimes reduce copper sulphate, leads to much lucrative diabetes in a dyspeptic.

Above all things, avoid finding a floating kidney. A well-made abdominal belt has a fatal habit of relieving symptoms of perhaps years' standing ; it is really quite easy to overlook a moving kidney if you try. The removal of adenoids has pitchforked into health many a useful ailing child. Antiseptics are dear, and are to be used sparingly ; a promising wound may heal if real cleanliness is used.

Half a grain of grey powder twice a day is all that can be reasonably demanded of you in the treatment of secondary syphilis. The modern craze for surgery is the curse of the general practitioner—discourage it. Degrees, save the M.D., are a snare—any M.D. will do equally well. F.R.C.S. sets up the backs of your brother practitioners and tends to bitterness. Where ignorance is bliss 'twere folly to be wise.

The thanks of a patient for his speedy recovery or relief from pain or disability is one of the pleasantest things in a medical man's life, but it is an expensive luxury, only to be obtained by the happy man who is not dependent on practice for his daily bread. To those about to get qualified, Don't, is the advice of VELOX.

THE RESIDENTS' BALL, 1957

" Everything a Residents' Ball should be ! " This remark, made by a near-veteran when the Ball was at its height, sums up what was generally felt to be an outstandingly successful and enjoyable evening. If any reservation is to be made it is only that the numbers of the Residents themselves might have been nearer full strength. There were some dozen consultants present, representing most of the specialities fairly evenly. The Ball was held on 3rd May at the Park Lane Hotel, where the guests were received by the hostess, Mrs. E. R. Boland, and the President of the Residents, Dr. I. D. Green. After an excellent dinner to suit the most fastidious gourmet, there was dancing to Mr. Tommy de Rosa's band, with an interlude of Scottish dancing to Major MacDonald-Murray's pipes. At midnight a polished and much appreciated cabaret by Messrs. Tuddenham, Woodman, Yetman, and Drury, included several of their highly topical songs. 2 a.m. was all too early an end to the evening ; we hope that some one will soon take action on this perennial complaint and extend the duration of this and the Clubs' Union Ball for an hour or two. This year's organizers, Messrs. D. M. Smith and M. J. Young, are to be congratulated on an excellent and smooth-running evening, and Mrs. Boland and Dr. Green thanked for discharging their social functions so charmingly.

Dr. Green and Mrs. Boland receiving the guests.
(Photo by Lawson & Co.)

EASTER, 1957

The accompanying photograph shows the Easter egg which was presented to *Caleb* and *Diplock*, by Mr. R. S. Harrison, who had been a patient in Guy's not long ago. This gigantic egg was 3 ft. 6 ins. high and weighed 88 lbs. This was too much even for the voracious appetites of the children's wards and, after it had been broken up, pieces were distributed to all the wards of the Hospital.

CORRESPONDENCE

Letters to the Editor of the Gazette

'A Philistine's Lament'

From Professor G. A. D. Haslewood

SIR,—Many of your readers will regret the poem, "A Philistine's Lament", published in your issue of the 11th May.

This appears to be directed at one who is not only generous and kind to his colleagues, but has shown as much keen interest in their scientific ambitions as he has in trying to enlighten them with his learning in classics.

I for one hope that he will not be discouraged by P.A.R.'s spiteful little poem, but will continue to submit his charming articles, which we shall read when the poem has been forgotten.

Yours etc.,

G. A. D. HASLEWOOD.

Biochemistry and Chemistry Department,
Guy's Hospital Medical School,
London, S.E.1.

SIR,—In order to save space perhaps you will allow me to attack two birds with one stone. In spite of what Sir John Conybeare says, I am sure many doctors will feel, for a time at any rate, in agreement with the views of the *Medical World* and, as on other occasions, will pay scant attention to the pronunciamento of the B.M.A. on the same subject. On one occasion during the trial I happened to give a woman with advanced cancer an ampoule of Omnopon, and, not altogether to my surprise, one of the daughters picked up the empty ampoule and held it up to the window. Another woman, who ought to have known better, hoped that the sleeping tablets which I was prescribing for her wouldn't poison her "like Dr. Adams". These however, were the only lapses from good taste in the whole of my practice.

I suppose 'A Philistine's Lament' was inevitable sooner or later and, by my troth, what a pretty versifier. Those of us who are not Philistines will remember the scene in Macbeth where, at one of the most horrific moments of the play, Shakespeare purposely introduces some light comedy. The fault is not, perhaps, in your contributors but in your *Gazette*, Mr. Editor. Ten years and more after the war we still have the little "Ersatz" *Gazette*. Those of us who have lived through two World Wars know that "Ersatz" products come to stay, to the great pecuniary benefit, no doubt, of their makers. One would not for a moment suggest that the *Gazette* makes much, if any, profit, but every day we fling unread into the waste paper basket heaps of medical literature, often printed on a beautiful art paper. Is it not time that the *Gazette* burnished itself a little? I lent a copy the other day to a colleague (not a Guy's man) and, on returning it he said "Thank you for letting me see your *booklet*" (italics are mine), and he repeated the odious word later in his note. "To think", as I said to myself, "that a scientific journal should be referred to as a booklet."

To improve the size and general appearance of the *Gazette* you must increase the price. And why not?

Yours etc.,

G. L. DAVIES.

Missenden Lodge,
Withdean Avenue, Brighton, 5.

Hospital Noise

SIR,—I have recently had the experience and privilege of being treated as an in-patient at Guy's. I cannot speak too highly of the skilled care which I received, the sympathetic encouragement to recovery and the many kindnesses shown, and the energy and enthusiasm of the nurses as they went about their tasks. Everything possible was done to promote the comfort and well-being of patients, save in one respect: that of reducing *noise*.

This problem, apparently a universal one in large hospitals, was discussed last year in the columns of *The Times*. May I cite some instances from my own observation, as they impinged on the consciousness of a sick person?

The ward to which I was admitted was, I was told, a "comparatively quiet" one. Yet from 5.45 a.m. onwards one's ears were assailed with a variety of noise, some of it unavoidable, but some not. There was that general purpose trolley which was pushed up and down the ward ten or twelve times a day, creaking and clattering with a din like a load of empty milk churns on Euston platform. Ten minutes' attention from the hospital maintenance department with oilcan and screwdriver, and maybe a few strips of felt, could surely have put this right.

The floor-washing machine, accompanied by two attendants, which appeared once a week. No doubt it is the latest and most efficient of its kind, but the noise was as if a jet 'plane had been let loose in the ward, zooming round and under the beds, with fearful clanks and bangs when the apparatus was connected and disconnected. Then there was that indispensable piece of furniture, which, when requested, was wheeled the length of the ward sounding like a combine harvester, punctuated by an occasional appalling crash when its inside fell out on the floor. Could not a noiseless and un-come-apartable model be devised ? Or a plastic substitute for metal trays which magnify the meal-time clatter ?

These were mechanical sources of noise : there were others, derived largely from thoughtlessness. While the nursing staff and attendants may become inured to noise or are too busy to be aware of it, I think it is important to remember that patients ill in bed, removed from the quiet and privacy of their homes to semi-public existence in a hospital ward, do find *unnecessary* noise exceedingly trying. It seems such a pity, when all else at Guy's is so admirably organized, that this aspect of patient care should appear to be unconsidered.

Yours etc.,

"EX-PATIENT."

Rugby Reports

SIR,—The Rugby Football Season has now ended and yet again the *Gazette* has appeared throughout with scarcely a mention of any one of the matches played, either by the 1st XV, or the "A" XV in the junior cup ties. And this is how the oldest rugger club in the world is treated in its own home. Surely for posterity, quite apart from old Guy's men of today, a record should be kept of each season no matter what the results of individual matches, and also a photograph of the team should be produced, as is done with almost every other sports group of the Hospital.

One feels that a special number of the *Gazette* would not be out of place, to give accounts of all the matches which have been omitted. If the Editor of the *Gazette* is not able to bring pressure to bear upon any Rugby Club member to write up such matches, then the President of the Club should use his position for this purpose.

From a glance at the reports of matches played during the season, as published in the daily press, the results have been disappointing ; but in many cases the margins of defeat were so narrow that surely no disgrace accrued. This lack of recognition of the Rugby Club within its own walls makes one, who is not in touch, feel that this attitude may possibly be some reason for the Club's decline from its one-time high pedestal in the rugger world. But no matter what the general results, I maintain that records should be kept of failures as well as successes, for records of any kind are valueless unless they are complete.

Yours etc.,

97, St. Stephen's Road,
Canterbury.

H. S. WACHER.

The Gnomophobe's Complaint

SIR,—The *Gazette* is a small publication, and the available space in it is therefore not a little invaluable.

How then, such absolute nonsense as that contained in the *Passim* of the current edition was ever allowed to see light of day, let alone grace the pages of the *Gazette* is quite incomprehensible. Can it be that there is rampart "gnomery" among the editorial staff ? While hesitating to level this accusation against such an august body, one sincerely hopes that this venture into the depths of stupefaction does not become a regular double-paged extravagance.

Yours etc.,

Guy's Hospital, S.E.1.

DEREK ALAN SABEL.

REVIEWS

A Manual of Human Anatomy. Vol. III, Abdomen and Pelvis, by J. T. AITKEN, G. CAUSEY, J. JOSEPH and J. Z. YOUNG, and Vol. V, Central Nervous System, by J. T. AITKEN, D. A. SCHOLL, and J. Z. YOUNG. E. & S. Livingstone Ltd., Edinburgh and London. Each volume 12*s.* 6*d.*

The appearance of these two parts completes this new dissecting room manual. Volume III appears closely to resemble Volumes I, II, and IV, already reviewed in this journal. Its satisfactoriness can only be assessed in use.

Volume V is, in the writer's opinion, the best of the five. The text is admirably clear and brief and the diagrams (by Miss E. R. Turlington and Miss J. de Vere) most effective and pleasing to the eye. The measured tread of formal descriptive anatomy is agreeably varied by frequent rapid excursions in search of functional, embryological and histological data to amplify and activate the main mass of macroscopic pabulum. A most refreshing disregard of conventional anatomical boundaries.

R.W.

A Synopsis of Regional Anatomy. By T. B. JOHNSTON. Eighth Edition. J. & A. Churchill, Ltd., London. *Price* 28*s.*

Few textbooks can equal Professor Johnston's popular work in length of editorship. The volume now enters its 36th year under his continuous management.

No extensive changes have been introduced into this new edition, nor were they required. As the author emphasizes, the book is intended for revision, and for this expressed purpose it has no equal. Little of its contents can be counted unnecessary in the training of clinicians, and with a firm grasp of them, any undergraduate can approach his professional examination with confidence in his knowledge of topographical anatomy.

R.W.

Public Health and Social Services. By D. H. GEFFEN, L. FARRER-BROWN and M. D. WARREN. Published by Arnold. *Price*

This book was originally written for midwives as an elementary guide to the Public Health and Social Services. It has been greatly enlarged and covers items included in the official syllabus for health visitors, district nurses and industrial nurses. The authors themselves hope that it may be used as " an inspiration to further study " and the names and dates of the various acts quoted are given so that further reference is possible. It might have been helpful if the addresses of various stationery offices had been included in the lists at the end of the book. However, this is a most useful book for general nurses as well as others and is worthy of a place in a nurses' reference library.

B.B.W.

SPORT

ASSOCIATION FOOTBALL

A CHARITY MATCH

Guy's A.F.C. *v.* Southwark Park A.F.C.

At Millwall F.C. Ground

30th April, 1957

Result—1 goal each

Seldom can the sun have gone down on a more stirring battle than that begun in the evening of 30th April. A Charity Match it was (it raised about £200 for the Imperial Cancer Research Fund), and both sides seemed determined to show their spectators what sportsmanship and keenness were. Perhaps the finer arts of football were not as well seen as usual on a professional ground (turf at the corners and dust elsewhere and surrounded by railway lines, high up, on which from time to time engines appeared, so that the occupants of the driver's cabs could look down on the match) but the striving, the *élan* were beyond reproach.

A few hundred supporters had been gathered by The Park and at least six by Guy's ; these, together with some of the public and a collection of the eternal London boys, were sufficient to put up an air of excitement and noise which continuously stirred the blood.

The game itself ? Ding-dong battle

all the time, played at a tremendous pace. No score at half-time, although how chances were missed by both sides was a miracle. Over the bar, *on* the bar, at the goalie, or plain missed, to cries of, " Ooh ! " by the crowd, but none in the net. It was the same in the second half. When The Park were awarded a penalty (for an accidental "hands"), cries of, "We don't want to win like that !" perhaps influenced the taker, who shot the ball (very hard it is true) where Rowland could easily reach it. Then shortly afterwards, The Park scored the goal, we felt, that just had to come. This seemed to revive Guy's who, within a few minutes, had one themselves, scored by Wright. And that was it : the sun went down and both teams fought vigorously for a winner, but it was not to be.

Every man deserved an ovation, but no one who was there will deny that Rowland played a wonderful game ; how he kept some of them out only he can answer.

A great occasion, and one that did something to keep up the best tradition of Guy's, of sportsmanship and of football.

G.A.D.H.

TEAMS

Guy's : C. Rowland; H. Missen, D. Smith; J. Skippen, M. Sutton, D. Williams ; W. Landers, B. Smith, C. Maggs, B. Heath D. Wright.

Southwark Park Working Men's Club : R. Hodges; K. Evans, J. Sheedy; G. Bunclarke, R. Westlake, A. Hodges; W. Perry, R. Brewster, T. Warner, A. Goode, T. Dennington.

Referee : W. Alex. Jardine.

CRICKET

Guy's *v.* Orsett

At Orsett. Result—Lost. 4th May, 1957

Guy's

H. M. Tuddenham, b. Cresswell	58
S. J. S. Lam, c. Johnson, b. Pullinger	4
A. S. Horner, b. Pullinger	0
R. W. Elsdon-Dew, b. Cole	12
T. J. H. Clark, b. Cole	12
P. M. E. Drury, c. Potter, b. Cresswell	17
K. M Pagliero, not out	12
A J. Taylor, run out	9
J. R. Norman, not out	8
M. J. Woodman and D. Wright did not bat	
Extras	18
Total for 7 wickets	150
Orsett for 4 wickets	151

Bowling	O.	M.	R.	W.
Drury	12	2	39	1
Taylor	4	0	16	0
Horner	3	0	22	0
Elsdon-Dew	5	1	18	0
Wright	4	0	21	2
Pagliero	2.3	0	21	1

Guy's *v.* Dulwich

At Dulwich. Result—Drawn. 5th May, 1957

Guy's

H. M. Tuddenham, b. Meekins	39
S. J. S. Lam, c. Warren, b. Dibble	18
R. W. Elsdon-Dew, b. Dibble	10
K. M. Pagliero, c. Warren, b. Meekins	5
J. A. Dyde, b. Meekins	40
M. N. Morgan, b. Meekins	4
T. J. H. Clark, c. Gibson, b. Meekins	6
J. Lane, b. Meekins	7
A. S. Horner, b. Forbes	0
R. G. Bury, b. Forbes	1
D. Wright, not out	1
Extras	4
Total for 10 wickets	135
Dulwich for 8 wickets	101

Bowling	O.	M.	R.	W.
Horner	8	0	28	2
Morgan	15	5	18	4
Wright	3	0	8	0
Bury	4	2	12	0
Clark	5	0	13	1
Dyde	4	1	17	1

Guy's *v.* The Wanderers

At H.O.P. Result—Lost. 9th May, 1957

Guy's

H. M. Tuddenham, c. Cousins, b. Brown	9
S. J. S. Lam, b. Abbott	0
K. M. Pagliero, c. Green, b. Ballard	8
J. A. Dyde, b. Ballard	9
M. N. Morgan, c. Brown, b. Ballard	2
P. M. E. Drury, c. and b. Brown	5
R. G. Bury, b. Brown	3
A. S. Horner, b. Brown	2
D. J. Smith, not out	2
J. R. Norman, c. Cousins, b. Brown	0
A. J. Taylor, c. Green, b. Brown	3
Extras	4
Total for 10 wickets	47
The Wanderers for 2 wickets	48

Bowling	O.	M.	R.	W.
Dyde	11	5	20	1
Morgan	9.4	1	17	1
Taylor	2	0	9	0

Guy's *v.* Honor Oak

At H.O.P. Result—Lost. 11th May, 1957

Guy's

K. M. Pagliero, run out	35
H. M. Tuddenham, c. Harris, b. Cheesman	4
R. W. Elsdon-Dew, b. Baker	22
S. J. S. Lam, b. Foster	1
P. M. E. Drury, c. Weymouth, b. Foster	7
W. Whitrow, b. Best	8
T. J. H. Clark, b. Best	2
M. N. Morgan, b. Baker	2
R. G. Bury, not out	10
A. S. Horner, c. Weymouth, b. Baker	2
A. J. Taylor, c. Weymouth, b. Baker	0
Extras	10
Total for 10 wickets	103
Honor Oak for 10 wickets	172

Bowling	O.	M.	R.	W.
Morgan	21	4	66	7
Drury	17.3	1	90	3
Bury	3	0	13	0

Guy's *v.* Ashstead

At Ashstead. 12th May, 1957

Result—Match abandoned (Rain)

Guy's

H. M. Tuddenham, not out	41
K. M. Pagliero, not out	26
Total no wicket	67

Guy's 2nd XI *v.* Orsett

At H.O.P. Result—Lost. 4th May, 1957

Orsett for 6 wickets, declared	209
Guy's for 10 wickets (Randall 26)	64

Guy's 2nd XI *v.* Honor Oak

At Dulwich. Result—Lost. 11th May, 1957

Honor Oak for 8 wickets (Banks 4 for 48)	181
Guy's for 10 wickets (R. Tanner 24) ..	70

ATHLETICS

The Athletic Club has started the 1957 season very successfully with victories over Westminster Hospital, Middlesex Hospital, St. Mary's Hospital and the R.M.A. Sandhurst. Guy's also came third in the University of London Championships with a nine-man team.

Outstanding performances were by D. E. Williams and R. B. Huddy, winning the long jump and half-mile respectively in the championships. R. T. Hawley jumped 21 ft. 10½ ins. against St. Mary's and 21 ft. 5½ ins. against R.M.A. in the long jump. G. M. Edwards competes regularly in a minimum of four events per match, winning three against Westminster and four against R.M.A.; he competes for London University in the pole vault. A. J. Parratt has won all his races in matches, notably a double victory in mile and two miles at Sandhurst within forty-five minutes. J. Rickett ran an excellent 1¼ mile steeplechase at Sandhurst, beating all the R.M.A. competitors in his first steeplechase. He later ran second to Parratt in the two miles in the same match.

Results

Guy's *v.* Westminster Hospital

At Cobham. Saturday, 4th May
Won by 54 points to 29

100 yards *:* 1st D. H. Gibb, 4th R. Dendy, 10.8 sec.
220 yards *:* 2nd R. Dendy, 3rd D. H. Gibb.
440 *yards :* 2nd A. H. Binsted, 3rd R. G. Notley.
One Mile : 3rd E. Young, 4th R. W. Witté.
120 *yards hurdles :* 1st J. M. Robertson, 2nd R. G. Notley, 16.6 sec.
Shot Putt : 1st G. M. Edwards, 3rd D. Bryant, 31 ft. 4½ ins.
Discus : 1st G. M. Edwards, 2nd D. Bryant, 110 ft. 10 ins.
Javelin : 1st G. M. Edwards, 2nd D. Bryant, 138 ft. 9 ins.
High Jump : 1st J. M. Robertson, 2nd G. M. Edwards, 5 ft. 3 ins.
Long Jump : 1st D. H. Gibb, 3rd R. G. Notley, 20 ft. 0 ins.
Hop, Step and Jump : 2nd G. M. Edwards, 3rd D. H. Gibb.
4x110 *yards relay :* 1st Guy's, 48.2 secs.

Guy's *v.* Middlesex Hospital

At H.O.P. Wednesday, 8th May
Won by 40 points to 22

100 *yards :* 1st R. T. Hawley, 2nd D. H. Gibb, 10.9 sec.
220 *yards :* 1st R. T. Hawley, 2nd R. Dendy, 24.6 sec.
440 *yards :* 1st R. B. Huddy, 2nd A. H. Binsted, 54.0 sec.
One Mile : 1st A. J. Parratt, 4 min. 46 sec.
Shot Putt : 3rd A. Knight, 4th G. M. Edwards.
Discus : 2nd G. M. Edwards, 4th D. Bryant.
Javelin : 2nd G. M. Edwards, 4th R. J. O. Smith.
Long Jump : 1st D. E. Williams, 2nd R. T. Hawley.
4x110 *yards relay :* 1st Guy's, 48.3 sec.

Guy's *v.* St. Mary's Hospital

At H.O.P. Wednesday, 15th May
Won by 58 points to 32

100 *yards :* 1st R. T. Hawley, 2nd D. H. Gibb, 11.0 sec.
220 *yards :* 1st R. T. Hawley, 2nd D. H. Gibb, 24.7 sec.
440 *yards :* 2nd A. H. Binsted, 4th R. Dendy.
880 *yards :* 1st A. J. Parratt, 3rd E. Young, 2 min. 2.2 sec.
One mile : 1st A. J. Parratt, 4 min. 43.2 sec.
120 *yards hurdles :* 1st R. G. Notley, 2nd J. M. Robertson, 18.3 sec.
Shot putt : 3rd J. M. Robertson, 4th A. Knight.
Discus : 2nd G. M. Edwards, 4th D. Bryant.
Javelin : 2nd G. M. Edwards, 4th D. Bryant.
Hammer : 1st G. M. Edwards, 2nd J. M. Robertson, 108 ft.
High jump : 1st D. E. Williams, 2nd D. Pickering 5 ft. 7 ins.
Long jump : 1st R. T. Hawley, 2nd D. E. Williams, 21 ft. 10½ ins.
4x110 *yards relay :* 1st Guy's, 48.4 sec.

Guy's *v.* R.M.A. Sandhurst (2nd Team)

At Camberley. Saturday, 18th May
Won by 73 points to 38

100 *yards :* 1st C. E. Evans, 2nd R. T. Hawley, 10.5 sec.
220 *yards :* 1st C. E. Evans, 2nd R. T. Hawley, 23.1 sec.
440 *yards :* 3rd A. H. Binsted, 4th R. G. Notley.
880 *yards :* 2nd E. Young.
One mile : 1st A. J. Parratt, 4 min. 33.4 sec.
2 *miles :* 1st A. J. Parratt, 2nd J. Rickett, 9 mins. 48.4 sec.
1½ *mile steeplechase :* 1st J. Rickett.
120 *yards hurdles :* 1st R. G. Notley, 2nd J. M. Robertson, 16.3 sec.
Shot putt : 1st J. M. Robertson, 2nd G. M. Edwards, 32 ft. 2 ins.
Discus : 1st G. M. Edwards, 4th D. Bryant, 109 ft.
Javelin : 1st G. M. Edwards, 4th D. Bryant, 120 ft. 10 ins.
Pole vault : 1st G. M. Edwards, 10 ft.
Hammer : 1st G. M. Edwards, 2nd J. M. Robertson.
High Jump : 2nd J. M. Robertson, 3rd G. M. Edwards.
Long jump : 1st R. T. Hawley, 2nd D. H. Gibb, 21 ft. 5½ ins.
Hop, step and jump : 2nd G. M. Edwards, 3rd D. H. Gibb.
4x110 *yards relay :* 1st Guy's, 46.4 secs.

University of London Championships

At Motspur Park. Saturday, 11th May

1st	University College	82 points
2nd	Imperial College	70 points
3rd	Guy's Hospital	55 points
4th	King's College	

The following Guy's competitors scored points in the competition *:*

R. B. Huddy, 1st 880, 1 min. 59.6 sec.
D. E. Williams, 1st long jump, 20 ft. 9½ ins.
2nd hop, step and jump, 44 ft. 7 ins.
4th high jump, 5 ft. 4 ins.
J. M. Robertson, 3rd high jump, 5 ft. 5 ins.
5th 120 yards hurdles.
5th 220 yards hurdles.
5th hammer.

G. M. Edwards, 2nd pole vault, 10 ft. 3 ins. 3rd hammer.

R. G. Notley, 3rd 440 yards hurdles, 59.0 sec. 4th 220 yards hurdles.

A. J. Parratt, 5th Three miles.

Also competing were D. H. Gibb, 100 yards, long jump and hop, step and jump ; D. Bryant, discus ; E. Young, 880 yards ; J. Rickett, 3 miles.

University of London *v.* Cambridge University

London won this match at Motspur Park on Wednesday evening, 15th May, by a wide margin. R. B. Huddy recorded a personal best time of 1 min. 55.9 secs in the 880 yards, coming 4th. D. E. Williams came second in the hop, step and jump, with a distance of 45 ft. 1 in. G. M. Edwards came fourth in the pole vault with a personal record of 10 ft. 6 ins. R. G. Notley ran as a non-competitor in the 440 yards hurdles with a time of 58.4 secs.

LAWN TENNIS

1st Round Inter-Collegiate Cup

Guy's lost to L.S.E. by 4-5

The first round of the Inter-Collegiate Cup of London University was played at H.O.P. on Wednesday, 24th April. The match promised to be extremely interesting since Guy's won the cup in 1956, while L.S.E. are the present holders. It was, however, spoiled by the presence of a cross-court wind of almost gale force, which made the courts very dusty. Due to the resultant difficulty in controlling the ball, the standard of play—of the Guy's team, at any rate—was much reduced in the battle with the elements, and at times disappointing. Guy's, though a more well-balanced side than L.S.E. lost because of their inability to adapt themselves to the conditions.

The match was close throughout. At tea, the score stood at three all, so that everything depended on the last round. Of the three rubbers played at this stage, L.S.E. succeeded in winning two, thus giving them victory. Great credit must go to the L.S.E. second couple who, at this critical stage, beat the Guy's first couple by 7-5, 6-2. Even more credit must go to the L.S.E. first pair, who dominated the match and won all of their three rubbers. Levine of L.S.E., the London University Captain, and Middlesex county player, played especially well.

Details :

Black and Dobie, Won 1, Lost 2.
Devereux and Sellman, Won 2, Lost1.
Rose and Smith, Won 1, Lost 2.
Guy's 4, L.S.E. 5.

The results of the friendly matches played so far this season are :—

Guy's 1st VI *v.* Shooter's Hill L.T.C.

Away. Result—Match Drawn 4½-4½
Black and Dobie, Won 1, Lost 1, one halved.
Devereux and Sellman, Won 2, Lost 1
Smith and Rose, Won 1, Lost 2

Guy's 1st VI *v.* Shooter's Hill L.T.C.

Home. Result—Won by 5-4

Black and Dobie, Won 3, Lost 0.
Devereux and Sellman, Won 1, Lost 2
Smith and Rose, Won 1, Lost 2

Guy's 1st VI *v.* Paddington L.T.C.

Home. Result—Lost by 4-5
Quant and Dobie, Won 2, Lost 1
Leake and Sellman, Won 1, Lost 2
Rose and Maggs, Won 1, Lost 2

Guy's 1st VI *v.* Trinity College, Oxford

Home. Result—Won by 9-0

Devereux and Black, Won 3, Lost 0
Quant and Dobie, Won 3, Lost 0
Sellman and Leake, Won 3, Lost 0

Guy's 2nd VI *v.* Stonyhurst Wanderers

Home. Result—Won by 9-0
Hornung and Lane, Won 3, Lost 0
Davies and Clements, Won 3, Lost 0
Howard and Phang, Won 3, Lost 0

Guy's 2nd VI *v.* Westminster Bank L.T.C. II

Away. Result—Lost by 3-6
Devereux and Rose, Won 3, Lost 0
Leake and Lane, Won 0, Lost 3
Clements and Harris, Won 0, Lost 3

Guy's 2nd VI *v.* Shooter's Hill L.T.C. 2nd

Home. Result—Drawn 4½-4½
Harris and Maddox, Won 0, Lost 2, one halved
K. McKenzie and Clements, Won 2, Lost 1
Slee and Gazdar, Won 2, Lost 1

Guy's 2nd VI *v.* Imperial College 2nd

Home. Result—Won by 7-2
Leake and Harris, Won 3, Lost 0
A. McKenzie and Blake, Won 3, Lost 0
Slee and O'Driscoll, Won 1, Lost 2

LADIES' LAWN TENNIS

In the 1st round of the Inter-Hospitals' Cup played on Wednesday, 8th May, at Colindale, Charing Cross Hospital beat Guy's by 5 matches to 2, two matches being unfinished.

Team : 1st pair J. Ransome Wallis
N. Chapman
2nd pair J. Craig
K. Allsopp
3rd pair J. Hawker
M. Bowen

HOSPITAL INFORMATION

APPOINTMENT

John D. L. Reinhold, D.M., M.R.C.P., D.C.H., has been appointed Assistant Professor of Pædiatrics in the University of Colorado from 1st July, 1957.

APPOINTMENTS VACANT

GUY'S HOSPITAL

Locum Senior Registrar in the Dermatological Department required immediately. Applications should be lodged with the Superintendent, as soon as possible.

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months, commencing on 1st July, 1957. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made within two weeks of the appearance of this advertisement to **K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.**

HOUSE APPOINTMENTS

1ST JUNE, 1957

Assistant House Surgeons
To :
Mr. Blackburn — Mr. R. D. Smith
Appointed for 6 months the first 3 as A.H.S.

Mr. Lawrie — Mr. F. P. Greenwell
3 *months*
Mr. Glover — Mr. K. B. Tyrer
Mr. Brain — Mr. D. S. Robertson
Appointed for 6 months the first 3 as A.H.S.

Assistant House Physicians
To :
Dr. Douthwaite, Dr. Hardwick and, Dr. Grant } Mr. L. M. Hillman
Appointed for 6 months the first 3 as A.H.P.

To :
Dr. Boland, Dr. Baker and, Dr. Houston } Mr. R. G. G. Gain
Appointed for 6 months the first 3 as A.H.P.

To :
Dr. Hampson and, Dr. Kauntze } Mr. R. E. Owen
Appointed for 6 months the first 3 as A.H.P.

To :
Dr. Mann, Dr. MacLean and, Dr. Bishop } Mr. I. D. Simpson
Appointed for 6 months the first 3 as A.H.P.

Out-Patient Officers
Mr. P. G. Benson, Mr. D. R. Laney, Mr. I. McColl, Mr. B. R. P. Murray, Mr. P. B. Whatmore } 3 *months*

House Surgeons
To :
Mr. Massie — Mr. G. Brocklehurst
3 *months*

Mr. Eckhoff — Mr. F. N. Rigby
6 *months*

Mr. Atkins — Mr. G. B. C. Jones
3 *months*

Mr. Wass — Mr. M. C. Shannon
6 *months*

House Physicians
To :
Dr. Douthwaite, Dr. Hardwick and, Dr. Grant } Mr. K. T. Tighe
3 *months*

To :
Dr. Boland, Dr. Baker and, Dr. Houston } Miss E. M. Bray
3 *months*

To :
Dr. Hampson and, Dr. Kauntze } Mr. P. H. W. Sheard
6 *months*

To :
Dr. Mann, Dr. MacLean and, Dr. Bishop } Mr. D. M. Smith
6 *months*

Resident Obstetricians
1.1.57—30. 6.57 — Mr. R. I. Henry
1.3.57—31. 8.57 — Mr. T. W. Hoskins
1.5.57—31.10.57 — Mr. M. J. Williams
1.7.57—31.12.57 — Mr. G. M. Morris

House Surgeons in the Orthopædic Departments of Guy's Hospital and New Cross Hospital
Mr. D. G. Yetman — Mr. P. C. Shaw
6 *months*

Throat and Ear and Ophthalmic House Surgeon
Mr. T. M. Bull
3 *months at Guy's Hospital followed by 3 months at New Cross Hospital (E.N.T. duties only)*

Mr. F. Mansfield
3 *months at New Cross Hospital (E.N.T. duties only)*

Dermatological House Physician
Mr. R. S. Wells — (To 24.7.57)
Vacant — (From 25.7.57)

Genito-Urinary House Surgeon
Mr. R. D. C. Southcott 6 *months*

Neurological House Physician
Mr. I. D. Green 3 *months*

House Surgeon to the Thoracic Unit
Mr. M. A. C. Lyon 6 *months*

Children's House Physicians
Mr. D. A. Lillicrap 3 *months*
Mr. M. J. Young 6 *months*

Children's House Surgeon at the Evelina Hospital
Mr. C. A. G. Mackenzie 6 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologist
Miss R. M. Harrison-Bloom 3 *months*
Mr. D. Parrott 6 *months*

House Physicians in the York Clinic
1.10.56—30. 9.57 — Mr. G. Daw
1.11.56—31.10.57 — Mr. J. H. P. Willis

Resident Anæsthetists
1.1.57—31.12.57 — Mr. M. W. Potts (S.H.O.)
1.1.57—31.12.57 — Mr. J. M. Clark
1.3.57—31. 8.57 — Mr. S. S. Barker

R.M.Os. in Nuffield House
1.1.57—30. 6.57 — Mrs. M. A. Scott
19.5.57—18.11.57 — Mr. J. G. Davies
1.7.57—31.12.57 — Mr. P. A. French

General Duty House Surgeon in the Guy's Unit at New Cross Hospital
Mr. P. C. C. Pitt 6 *months*

ORPINGTON HOSPITAL

House Surgeons
Mr. E. B. Morgan — Mrs. E. A. Orme-Smith
6 *months*

E.N.T. and Orthopædic House Surgeon
Mr. M. V. R. Appa Rao 6 *months*

ST. OLAVE'S HOSPITAL

House Surgeons
Mr. S. R. Williams — Mr. B. C. Mallaband
6 *months*

ST. JOHN'S HOSPITAL, LEWISHAM

House Physician
Mr. F. H. Muir 6 *months*

Casualty Officer
Miss S. M. Wilson 6 *months*

LEWISHAM HOSPITAL

House Surgeon
Mr. R. M. Clark 6 *months*

JOYCE GREEN HOSPITAL, DARTFORD

House Physician
Mr. C. Wastell 6 *months*

House Surgeon
Mr. M. J. Lavine 6 *months*

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician
Mr. M. F. Terry 6 *months*

House Surgeon
Miss B. C. Dean 6 *months*

PEMBURY HOSPITAL

House Surgeons
Mr. D. C. Humphrey — Mr. P. R. Hewett
6 *months*

House Physician
Miss P. O. Lane 6 *months*

PASS LIST

UNIVERSITY OF OXFORD

D.M.

J. D. L. Reinhold

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS

Diploma

G. A. E. Baker
W. M. S. Boyd
D. J. Cliffe
D. J. Davies
W. F. T. Davies
L. W. S. Eyears
D. C. Harris
J. S. B. Meyer
S. C. Paget
E. G. Palmer
G. L. S. Rankin
E. P. W. Tatford
G. A. Taylor

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination
April, 1957

B. J. Heath
J. A. Kelvin-Davies
M. J. Verdon

GUY'S HOSPITAL MEDICAL SCHOOL

Treasurer's Medal and Prize in Clinical Surgery 1957

The following awards have been made :
D. S. Robertson—Medal and Prize.
Miss E. A. Ridley—Certificate.

NURSING NEWS

ADMINISTRATIVE STAFF

Sister C. O'Toole — *Assistant Matron*
,, R. Tanner — *Assistant Matron*
,, F. M. Shackshaft — *Assistant Matron*
,, E. Grimwood — *Home Sister*
,, G. Barnard — *Sister, Bramham Gardens*
,, M. Wetherall — *Office Sister*
,, O. R. Combe — *Administrative Sister*

School of Nursing.

Sister Marion Stockdale
,, Christine Youell — *Non. Res.*
,, J. Kelly
,, I Pheasant

Preliminary Training School.

Sister Janet James
,, T. Swindells
,, H. Knight
,, A. Lewin

Midwifery School.

Sister M. Hickey — *Midwifery Tutor*

Heads of Departments.

Sister M. Lloyd — *Nuffield House*
,, D. Jackson — *Midwifery Superintendent*
,, S. M. Evans — *Physiotherapy Dept.*
,, B. M. Randles — *Radiography Dept.*
,, E. P. Johnson — *Dental Dept.*
,, R. Thirlaway — *Linen Dept.*
,, M. Osmond-Smith — *Midwifery Dept.*
,, M. Rusby — *Radiotherapy Dept.*
,, J. Jarvis — *Surgery*
,, E. Macdonald — *York Clinic*
,, D. Chrimes — *Out-Patient Dept.*
,, P. Scanlan — *Theatre Superintendent*

Sisters on Study Leave.

Sister B. Warne — *To August*, 1957
,, J. Bailey — *To August*, 1958
,, J. Page — *To September*, 1957

Ward and Departmental Sisters.

Sister A. Falwasser — *Job*
,, D. Parkins — *Relief*
,, C. Davies — *Theatres*
,, E. Marvin — *Nurses' Sick Room*
,, L. Puddifoot — *Night Sister, Nuffield*
,, P. Smythe — *Christopher*
,, D. Tart — *Nuffield House, D*
,, M. Ellick — *Out Patient Dept.*
,, P. Asquith — *Addison*
,, M. S. Griffith — *Nuffield House, C*
,, M. Relihan — *Barnabas*
,, B. M. White — *Miriam and John*
,, J. Hill — *Nuffield House, B*
,, B. Rix — *Night Superintendent*
Sister M. Laws — *Nuffield Theatre*
,, F. Curtis — *Night Sister*
,, J. Russell — *Astley Cooper*
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PAPERS BY GUY'S MEN

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BUTCHER.—On 30th March, 1957, at Newport, Mon., to Margaret (née Dawson, S.R.N., S.C.M.), wife of Peter Butcher, a daughter (Sheila) a sister for Nigel and Simon.

GROBLER.—On 27th January, 1957, at Abingdon, to Molly (née Bolton, S.R.N.), wife of Flt.-Lt. J. H. W. Grobler, a daughter (Caroline Gillian).

HOLMES.—On 24th April, 1957, at Farnborough Hospital, to Joan (née Quiddington, M.C.S.P.), wife of Joseph M. Holmes, M.D., M.R.C.O.G., a son (Stephen Quiddington), a brother for Jennifer.

HUTCHINS.—On 17th March, at Southlands Hospital, to Christine (née Leach, S.R.N.), wife of Terence Hutchins, a son (Simion Charles).

JAMES.—On 29th April, 1957, at Queen Charlotte's Maternity Hospital, to Dr. and Mrs. Ian Pierce James, a daughter (Melanie Daisy).

MATTHEWS.—On 3rd May, 1957, at the Forbes Fraser Hospital, Bath, to Ann, wife of J. C. Matthews, M.R.C.S., L.D.S., a son (Richard Chester), a brother for Susan.

MARRIAGE

ADAMS—COZENS.—On 27th April 1957, at St. Mary's Church, Prestbury, Glos., James F. R. Adams to Dawn Margaret Cozens, S.R.N.

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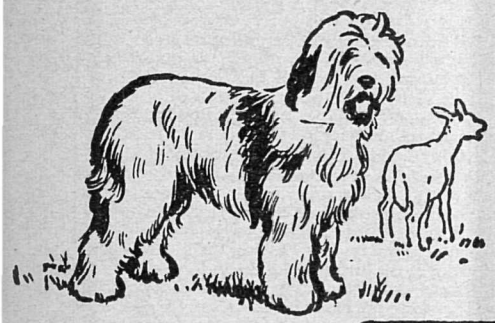

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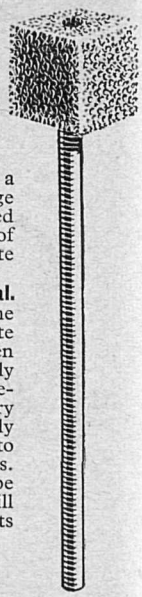

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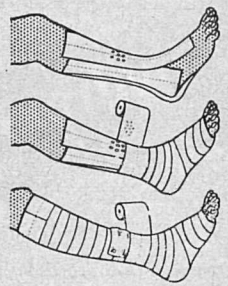

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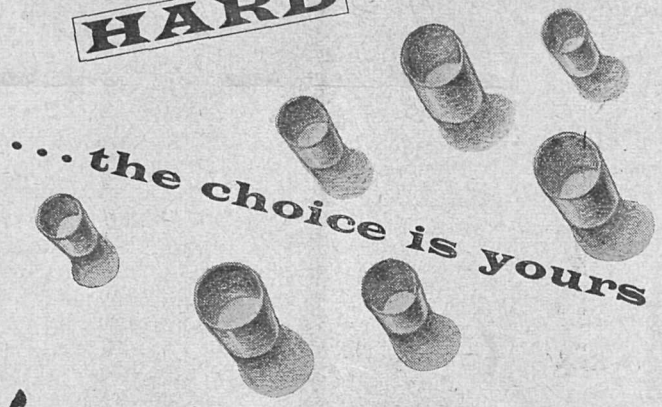

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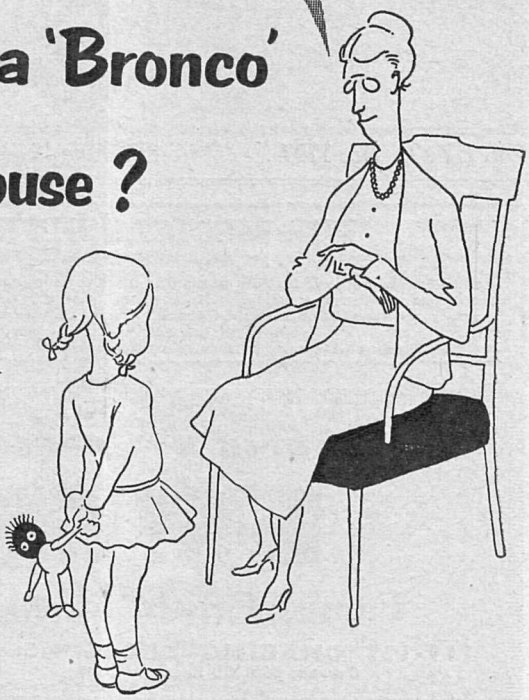

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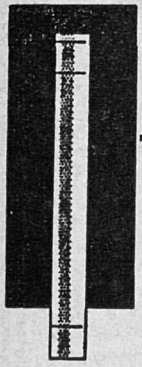

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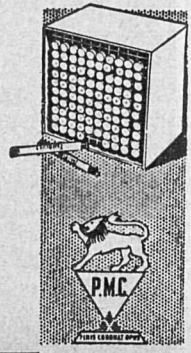

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PASSIM

Frustrated Young Doctor

THERE is very little to add to Dr. Louis Goldman's series of articles in the *Observer* on the lot of non-consultant hospital doctors, except to endorse almost all he says. The situation is exactly as he describes it and, despite carefully restrained undertones of personal bitterness, he is perfectly fair in his appraisal of it. What is particularly depressing is that he has no real solutions to offer apart from an afterthought on group practice, which is not all he makes it out to be, and in any case cannot penetrate beneath the surface of the real problem. An amplified version of the articles is to be published in book form, and the news is to be welcomed, but the title that has been chosen must be regarded as singularly unfortunate. *Angry Young Doctor* is what the publishers, Hamish Hamilton, propose to call it, thereby providing themselves with a clever catchpenny title, but doing the author and his theme a grave disservice. It is the same kind of disservice as has been done to Mr. John Osborne—the original 'angry young man'—in distracting attention from his real worth as a playwright, to the man himself as a kind of social curiosity, fit prey for—of all things—the tabloid and picture magazine. So with Dr. Goldman: this title diverts attention from what he is 'angry' about (though in fact frustration is a far more dominant emotion in these articles) to the writer himself; with the result that he will be regarded as a slight oddity rather than as the genuine spokesman for thousands of house officers and registrars throughout the United Kingdom. If it is not too late to change the title we hope the publishers will seriously consider doing so.

Meanwhile the latest piece of ministerial nonsense to come our way is a new system of accounting which requires an analysis of medical staff time under the headings, Wards, Out-Patient Clinics, Theatres, etc. Full-time registrars have been asked to give an account of the time they spend in each department, to add up to "a nominal 38½ hours per week". That this figure is a totally fictitious underestimate matters nothing to the Ministry, and probably does no actual harm beyond employing a few extra civil servants on pointless arithmetic. But it is only a short step from here to the announcement in the popular press that registrars work only 38½ hours per week, and thence probably to some grossly misleading calculations about what they earn per hour. Once the figure 38½ hours, "nominal" or not, is accepted, this would be very difficult to refute. But this is the sort of minor annoyance that nine years' subserviance to Whitehall had taught us to suffer in silence.

It is with profound regret that we record the death in Nuffield House on 26th May, 1957, of Mr. Arthur Bulleid. He is much mourned, for his circle of friends extended far beyond the Dental School. A few days before his death he was at a sherry party given by the Hockey Club, of which he was President. He was then speaking with some regret of his coming retirement ; instead he died in harness as perhaps he would have wished. An obituary notice will appear in the next issue of the *Gazette*.

In a recent *Passim* some comments were made regretting the number of doctors who were emigrating. In an interview published in the *Observer* of 26th May, a Guy's man, Dr. J. E. Rees of Swansea, who qualified in 1952, gave two perfectly sound reasons for doing so. He said that he could not afford to take a hospital post because of the low salary of the first few years, and the uncertain prospects ; and if he decided to go into general practice he might have to wait ten years before getting a partnership. Dr. Rees, who is married with two children, is going to Australia to work for a uranium mining company which is building a town in Queensland. This town will be christened with the delightful name of Mary Kathleen and will have a population of about 1,200, and a small hospital, where Dr. Rees will be in charge. He is also being provided with a house. When such attractive opportunities are compared with the usual prospects in this country, it is not surprising that many doctors are taking themselves off elsewhere. We wish Dr. Rees success in Mary Kathleen.

On Wednesday, 29th May, an audience in the Royal College of Surgeons watched, on a television screen and in colour, a number of operations being done at St. Bartholomew's Hospital. They were transmitted by a cameraman, faithfully masked and gowned, using a reflecting mirror above the operating table. The object was to demonstrate the value to teaching of colour television, which apparently not only presents life-like colours but also communicates a sense of depth. Perhaps the day will come when ward-clerks and dressers, instead of jostling for strategic places in a stuffy theatre, will be able to watch their patients being operated on from the depths of a comfortable armchair.

We draw the attention of all nurses who are considering emigration to Canada to the letter from one of their forerunners on page 245; it is very helpful to know of the administrative hazards in advance. We are always pleased to hear from Guy's men and women abroad, and are grateful to Miss Exelby for passing on this practical advice.

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *The Acute Abdomen.*
13th	Th	1.00	Professor M. A. Rushton. Clinical Lecture. *Bony Enlargements of the Jaw.*
		5.00	X-ray Meeting. Medical X-ray Department.
			Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
14th	F	1.00	Dr. C. Lockard Conley (Associate Professor of Medicine, Johns Hopkins University, Baltimore). Clinical Lecture. *Systemic Lupus Erythematosus.*
17th	M	1.00	Dr. M. J. McArdle. Clinical Lecture.
20th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *Swellings of the Thyroid Gland.*
		5.00	X-ray Meeting. Medical X-ray Department.
21st	F	1.00	Dr. Ralph Kauntze. Clinical Lecture. *Private Medical Practice.*

Thirty Years Ago

From Guy's Hospital Gazette, 4th June, 1927.

CORRESPONDENCE

THE CAUSE OF CANCER

DEAR SIR,—I think I have found the cause of cancer, and I am writing to cancer research people in several countries in the hope that this idea will be investigated.

I think a cancer growth is possible on any tissue where the blood is not circulating well and so is partly stagnant. This poisonous blood generates a simple microbe or organism, non-divisible, non-multiple, which is probably what you call the cancer cell. These cancer cells or microbes find the surrounding unhealthy tissue a suitable food, and so we get a maglinant growth.

Bruises, warts, perhaps scar tissue or tissue which has been subject to continued pressure such as the lips from smoking or the nose from glasses would be likely bases for cancer. Stagnant blood in the bowels would breed them in large quantities, and if they find tissue which has been rendered unhealthy from the same cause, cancer is the result. This cancer cell or microbe I would call an amœba microbe.

The law of evolution applies everywhere. We have amœba in the animal world and so we may have them in the microbe world.

Stagnation is death, and the cancer microbe is deadly. Old people suffer from cancer more than the young ; their circulation is not so good as the young.

Yours truly,

MRS. MARGARET WHITE.

2785, 29th Avenue West,
Vancouver, B.C., Canada.

May 5th.

(The above was accompanied by a request that it should be "broadcast."—Ed.)

NOTICES

GUY'S HOSPITAL NURSES' LEAGUE

A meeting of the Guy's Hospital Nurses' League was held on Friday, 10th May.

There was an unusually large attendance, and we were delighted to see so many familiar faces, The many fashionable ensembles were a credit to the dress sense of the Guy's nurse.

Sister Florence Taylor took the chair in the absence of Lady Reginald Bonsor. It was announced at the meeting that a fixed date has now been decided for further Reunions. This will now take place on the second Friday in May. The decision not to join the National Council of Nurses was passed by a majority of 100. By a unanimous vote the members were in favour of holding a cocktail party on alternate years.

THE B.D.A. CONFERENCE

The Guy's Alumni Luncheon on the occasion of the B.D.A. Conference is being arranged by Mr. J. H. Farrell, of the Sutherland Dental School, Newcastle-upon-Tyne. Communications should be sent direct to him.

GUY'S HOSPITAL ART EXHIBITION
COLLECTION OF EXHIBITS

All exhibits are now stored in Mr. Johnson's room adjoining the ground floor of the Gordon Museum and can be collected from him.

Exhibitors are asked to collect their works as soon as possible as they are taking up a lot of space.

GAZETTE AND DIRECTORY SUBSCRIPTIONS

Readers are reminded that their annual subscriptions (12/6 per annum, post free), for which accounts have been sent, should be forwarded to the Manager, Gazette Office, Guy's Hospital, S.E.1, as soon as possible. If at the same time they enclose a further 10/6, the 1957 Directory of Guy's Men will be sent to them post free.

GUY'S HOSPITAL LADIES' ASSOCIATION

The Annual General Meeting of the Guy's Hospital Ladies' Association was held in the Medical School on Wednesday, 15th May, with Mr. Hedley Atkins in the Chair.

The Dowager Lady Ebbisham, *M.B.E.*, Chairman of the Association, spoke on the printed Report and Annual Statement of Accounts. She said that the work of the Association had been well maintained during the past year, practically 2,000 garments having been made by the Branches, Working Parties and individual members. She thanked them for their whole-hearted help and support without which it would be impossible to continue to provide the additional comforts and amenities which are needed, and which we are able to provide for the patients of this Hospital.

She said that the Trolley Service continues to give great pleasure to the patients and our sincere thanks must go to the Hon. Organizer, Miss Croucher, and her helpers for their devoted work. Mrs. Siddall, the Hon. Librarian, and her helpers have again maintained the Library's very high standard of efficiency. We hear again and again from the patients how very much these two services are appreciated.

The Association had presented the Hospital with the following gifts :—

Christmas Donations to Wards	£113
Christmas Donation to Evelina Hospital	20
Donations to Library..	98
Landon Tea Party Fund	5
Footstools	88
Sparklet Syphons	64

and the Trolley Service had supplied new lockers from their proceeds.

The Speaker on this occasion was Mrs. Fisher, wife of the Archbishop of Canterbury, and Vice-President of the Association, who gave a most interesting talk on " Voluntary Work ". She said she had had a great deal of evidence during the past 25 years of the great diversity of voluntary work which is carried out in this country, British people especially having a genius for this kind of service. The main thing we had to guard against was becoming too Welfare-State minded. So many people thought that the Welfare Service covers the needs of all, whereas in actual fact in some areas of Britain the old folk are literally starving.

Mrs. Fisher said that personal service is a wonderful thing and that the Guy's Hospital Ladies' Association are to be congratulated on the work they are doing in this respect.

After the Meeting tea was served in the Nurses' Home, by kind permission of the Governors and Matron, when members were given an opportunity of viewing the year's work.

TRACHEOSTOMY: THE EVOLUTION OF AN OPERATION

By L. F. W. SALMON, *M.B.E.*, M.S., F.R.C.S.

A Clinical Lecture given at Guy's Hospital, on 18th July, 1955.

THE terrible plight of a man unable to draw sufficient breath because of some obstruction to his airway has prompted a search for surgical relief for over two thousand years and probably longer. Where that search has led, the hazards and difficulties that were encountered and overcome and men's reactions to the ideas that emerged, form an important chapter of medical history. I propose to relate part of it to you, using it as an introduction to my main theme, which is an appraisal of the position of tracheostomy today and the new indications for its use.

Historically the problem was a threefold one : first what to do ; then how to do it and last when to do it. It is generally agreed that the answer to the question " what to do ? " occurred originally to Asclepiades of Bithynia some 100 years B.C.(1) According to Galen he was concerned with how to relieve " those species of quinsies in which there was great danger of suffocation." Asclepiades advocated in these cases that some part of the track of the larynx or trachea should be opened by a " cutting instrument ". Against the present-day background of anatomical and pathological knowledge this sounds self-evident, but you must recall the state of such knowledge 2,000 years ago and the enormous obstacles of prejudice and suspicion that stood in the way of this particular advance. In the matter of anatomy and physiology little progress had been made since Hippocrates wrote that the trachea, the " arteria aspera ", communicated in turn with the lungs, the artery and the top of the bladder. Moreover, the fatal consequences of cut throat were regarded as due to the injury to the trachea, not to the blood vessels ; and wounds of the trachea were thought to be incapable of healing because of the cartilage in its walls.

Asclepiades must have been a bold man, but pioneer that he was it is doubtful if his advocacy of this dangerous operation attracted much attention and the well-known criticism of his views by Aretæus in the first century and Coelius Aurelianus was separated by no less than 300 years—not a very concentrated controversy ! However, during the first six or seven hundred years of the Christian era there must have been bold physicians who, in desperation, resorted to opening the wind pipe when suffocation seemed inevitable and the records contain the names of two at least in Antyllus of Rome in the second century A.D. and Paul of Aegina in the seventh century. They may have brought dramatic aid to some, but it is difficult to believe that their efforts could have done much to alter the inevitable outcome of the disease in the majority of their patients. For six hundred years all sight of the operation is lost in the obscure night of the Dark Ages ; but as with so much else in the realms of science and art, the dawn of the Renaissance brings it to light again and we find many references to its use. Between 1400 and 1600 particularly we hear of several

Italian physicians undertaking it successfully and in 1620 the renowned Fabricius ab Aquapendente writes of it as follows :—

> " Of all the surgical operations which are performed in man for the preservation of his life by the physician, I have always judged to be the foremost that by which man is recalled from a quick death to a sudden repossession of life, a feat which raises the surgeon nearest to the level of Aesculapius ; the operation is the opening of the aspera arteria, by which patients, from a condition of almost suffocating obstruction to respiration, suddenly regain consciousness, and draw again into their heart and lungs that vital ether, the air, so necessary to life, and again resume an existence which had been all but annihilated."

Technical Development

Before setting out to review the steady development of the technique of the operation as we see it occurring between 1600 and 1868, it will be necessary to devote a few minutes to the matter of terminology.

At the end of the 16th century we find the name " bronchotomy " appearing, though a Frenchman named Nicholas Habicot, born in 1550, mentions that it is vulgarly called " laryngotomy "—cutting into the larynx. I have no doubt that very often it was precisely that. The word " tracheotomy " is found first a little later in the writings of a certain Thomas Fienus of Louvain published in 1649. By the beginning of the 19th century, however, the name " laryngotomy " has been accorded an honest place in the scientific vocabulary and in 1837 Ryland in his masterly treatise on disorders of the larynx and trachea[2] writes : " The word bronchotomy is used as a general term comprehending the two similar operations laryngotomy and tracheotomy ". The term bronchotomy has now disappeared altogether whilst the other two terms remain very much in current use. Recently Sir Victor Negus has required us to examine again the meaning of these words to see if after 400 years they remain a true description of the operations concerned. He has convinced us, I think, that they do not. The suffix " -tomy " means " cutting into " from the Greek and we are familiar with it in such words as laparotomy—cutting into the flank—and myringotomy—cutting into the drum membrane. The operation of Asclepiades might therefore properly have been called tracheotomy or laryngotomy according to the site at which it was performed. But as you will know and as I shall presently emphasize the operation performed today and for that matter for the past several hundred years is more than simply cutting into the trachea : the surgeon's aim is to create a new opening into the airway, a new mouth or stoma. To describe it therefore we need a word in line with gastrostomy, colostomy, etc. We should refer surely to " tracheostomy ".

Now, let us turn back to the pages of the history book and observe the progress made from the Renaissance onward.

The name Morell Mackenzie is one that is almost certain to occur sooner or later in any review of the history of laryngological subjects. It was he who in 1887 was summoned to Berlin to attend Crown Prince Frederick. later the Emperor Frederick the Third. The Crown Prince was suffering from cancer of the larynx and before he died of it he needed a tracheostomy. The dramatic role played by Mackenzie during his attendance on the Prince and its remarkable consequences are matters which I will not attempt to summarize, and in any case are out of place here. But in 1880 Mackenzie had published the first volume of his *Manual of Diseases of the Throat and Nose*. In it he picked out seven landmarks which stand out from the historical record as fundamental technical advances. The first of these I have mentioned already. It was Asclepiades' original idea and its acceptance and practice in the Renaissance period. The essential limitation of this operation must have been the brief duration of the relief afforded. The opening into the larynx or trachea could have remained properly open only while active retraction was employed and must have closed soon after it was discontinued.

The second landmark therefore was the introduction of a cannula into the larynx or trachea to maintain patent the by-pass to the lungs. This advance is accredited to Sanctorius of Padua and took place around 1600. The cannula was introduced with the aid of a trochar and left in the wound for three days, creating

a tracheostome. That it could have been kept clear of obstructing secretions, blood clot, etc., for so long is truly remarkable.

The account of the third milestone is dated 1620 and was given us by Fabricius, whom I quoted in my introductory remarks. It consisted of the addition to the outer end of the cannula of wing-like flanges at right angles to the axis of the tube. The object of these was to prevent the cannula dropping into the trachea. They may be regarded as having been a very prudent measure.

Let us now take a look at an illustration dated 1627 by Julius Casserius, a distinguished pupil of Fabricius (Plate I). I show it to you not only for the sense of drama demonstrated by the artist, but also because it illustrates the fourth advance—the introductions of the curved tube. It seems to be a closed tube with perforations, and anyone who has undertaken the operation or observed the patient afterwards will realize that the chance of these holes staying patent for more than a few hours in the face of tenacious secretions, etc., must have been very slight. However, there is no need of diagrams to demonstrate that the curve was a very real advantage.

For the next step we must wait over one hundred years until the start of the second half of the 18th century, at which time George Martin introduced the double cannula. A constant feature of all modern tracheostomy tubes is the double cannula. I cannot imagine the after-care of these patients without it. All the while, particularly in the first few post-operative days, there is a tendency for the lumen of the tube to be progressively narrowed by half-dried secretions and blood clot. It needs to be cleaned out very frequently. The double cannula makes it possible for the nurse to deal swiftly and easily with any tendency towards an obstructed airway by removing the inner tube and cleaning it with bottle brushes, etc., while the patient, relieved, breathes easily through the patent outer tube. The alternative must have been the frequent removal of the outer cannula since it is not a practical proposition to clean the tube *in situ*. The replacement of the cannula after use, however, requires more skill and experience than one can rely upon in the attendant nurse. The more often it has to be undertaken the more does trauma and infection make for difficulty. How remarkable therefore that as Mackenzie tells us " this valuable suggestion was soon forgotten ". Quite when and by whom it was remembered I do not know, but I believe it must have been a standard device in 1859 when the French surgeon Roget invented a further important modification. The larynx is a highly mobile organ, whereas the cannula must be held stationary with tapes round the neck. To reconcile these matters Roget had made a tube in which the articulation between the shield and the cannula permitted of considerable play between the two parts.

Mackenzie's seventh point is of particular interest to Guy's men. Many of you will be familiar with Mr. Reading's paper on " The Contribution from Guy's Hospital to Oto-laryngology " in the 100th volume of the *Reports*. He acknowledges the contribution from Arthur Durham, a member of the Guy's surgical staff from 1861 to 1893, and says : " He devised the well-known ' lobster tail ' and the ingenuity of surgeons over the subsequent 70 years has been unable to design a tube better fitted to tracheotomy in the adult ". The points to consider are these : The depth of the trachea from the skin of the front of the neck varies greatly, not only from one individual to another, but also in the same individual in accordance with the amount of swelling in the overlying soft tissues. In Durham's tube the distance between the shield which rests on the skin and the vertical part of the cannula which lies in the trachea can be varied also. Moreover, the vertical part is short, so that the amount of irritation to the trachea is minimal. You will understand that the ' lobster tail ' arrangement for the inner tube and pilot is a corollary of these important inventions rather than a virtue in itself. I have recently ordered a fresh batch of these tubes for use in another hospital, and apart from the fact that the metal of which they are made may be different and the workmanship poorer, they are identical with those Durham first used at Guy's in 1868.

The Indications

I do not intend to review the indications in detail—today for instance the number of these is great—nor to extract from the records an exhaustive list of indications from the past. Instead I will try to emphasize the general trend, devoting more of the remaining time to a consideration of certain situations in which tracheostomy has only recently come to be regarded as of value.

The Ancients saw in the operation a means of relieving threatened suffocation. To what extent they attempted to analyse the cause of the obstruction it is difficult to tell. Most of the accounts from early times right up to the middle of the 19th century are greatly concerned with a condition called "Cynache". You will still find it as a synonym for tonsillitis in Mackenzie's textbook as late as 1880. In the Greek writings before the time of Hippocrates it seems to have been used for all inflammations of the throat and neck. But Hippocrates confines its use to internal inflammations only. It is the condition which is rendered as "quinsey" no doubt in the reference to "those species of quinseys" for which Asclepiades devised the operation. It must have included all the inflammatory and probably all the neoplastic diseases likely to lead to stenosis of the larynx. Cicatrical stenosis, the outcome of an abscess—as distinct from the stenosis caused by the swelling—is given as the reason for one of the earliest operations of the Renaissance period.

An indication for its use which has greatly exercised physicians since early times is the inhalation of foreign bodies. Today this indication has vanished except perhaps for an emergency procedure in the rare case of a foreign body impacted in the larynx ; but you will find it quoted in the textbooks as late as the twenties. The first reference I have discovered to its use in this connection is quoted by Mackenzie once again from the writings of Fabricius.

While I have been preparing this lecture I have obtained a great deal of pleasure from reading two books both published in 1837. One is called *A Treatise on the Diseases and Injuries of the Larynx and Trachea*, by a surgeon to the Town Infirmary, Birmingham—Frederick Ryland—and is a very important work indeed. I quoted from it above. The other is by the Dublin surgeon, William Henry Porter, and is entitled *Observations on the Surgical Pathology of the Larynx and Trachea* (3). It includes a discourse on foreign bodies in the windpipe, a most interesting account, grimly illustrated by the following case history which I consider worth repeating at length.

"James Bryan, æt. five, a healthy robust boy, was brought to Mr. Smyly's residence by his mother, who stated that half an hour previously he had been seized with a violent convulsive cough, which had continued without intermission until they arrived at the door. No information could be obtained as to the cause, except from the child, who said that he had swallowed something he found in the street ; that it had stuck in his throat, and that the cough came on in consequence. His face was red, swollen and covered with perspiration from the violent efforts he had made ; his eyes suffused and filled with tears, respiration hurried ; he spoke without difficulty or pain ; and when desired to cough, he did so with a hoarse sound.

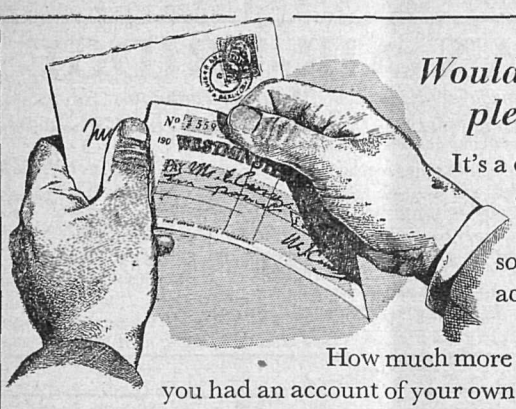
"On applying the stethoscope, the most intense puerile respiration was heard throughout the left lung ; through the right it was scarcely audible.

"Both sides of the chest were equally clear on percussion.

"The nature of the case was then explained to the mother, who at once consented to allow the operation to be performed, which was immediately proceeded with in the Meath Hospital by Mr. Smyly, assisted by Mr. Collis and myself. On the trachea being opened, violent fits of coughing took place, and succeeded each other with great rapidity. Several attempts were made with a long forceps to dislodge the foreign body but without success ; the instrument was too thick and its presence in the trachea caused the most intense distress : a probe was tried, but was not sufficiently long to reach it. These efforts occasioned cough, with great irritation, which obliged us to desist. The patient was then placed in bed, a silver cannula having been introduced to keep the wound open.

"He fell asleep shortly after getting into bed, and seemed to be tranquil ; but in the course of the night his breathing became very difficult. At six o'clock in the morning his state was very distressing. He experienced great difficulty of breathing ; respirations 56 ; countenance anxious ; face and lips livid ; pulse 160 ; a loud mucous râle was heard in the left side, but no sound whatever in the right.

"At half past nine a.m. he lay in an apparently moribund condition ; heavy, almost comatose ; face bloated and livid, mucous ronchus in the trachea ; a long gun-shot probe was now procured, and passed down, by which the foreign body was disturbed, and a violent fit of coughing excited. A kidney-bean was then expelled followed by a large quantity of ropy mucus ; immediately after which respiration returned in the right lung and was heard peculiarly loud in it for some hours. After a little time the wound was closed, the patient composed to sleep,



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and on awaking appeared wonderfully relieved : the respirations had fallen to 27, pulse 84.

"This case pursued a favourable course. There was a good deal of bronchitis, which was treated with calomel and hippo, and by the application of a blister between the shoulders. On the eleventh day the wound might be considered healed as no air passed through it when the child cried, and in a few days afterwards he left the hospital in perfect health, and with the use of his vocal powers unimpaired."

It is tempting to comment at length, particularly on the physical signs in the lungs, but I will only ask you to rejoice with me that the advance of modern bronchoscopy has spared our children such horrors as these.

A chapter is devoted in Porter's book to bronchotomy as applicable to the treatment of asphyxia. In this he deals with asphyxia from "a morsel resting on the epiglottis". This must be a record understatement, for the foreign body must as a rule have been an enormous bolus of food—usually meat—impacted in the pharynx. It is a situation with which we must be prepared to deal even in these days of dainty eating and which, if slapping on the back and fishing with a finger fail, might call for the old-fashioned type of emergency tracheostomy with a penknife on the dining room floor.

Porter quotes a case which again I think deserves repeating to you.

"A woman passing along the street, and eating a piece of cake, suddenly fell, gave two or three convulsive struggles, and to all appearances died. She was taken up, and surgical aid almost instantly obtained ; the fauces were examined without any appearance of an extraneous body ; an elastic switch was passed down into the œsophagus, and as far as the stomach, without meeting with any impediment. Bronchotomy was proposed, but, in consequence of some objection being raised, it was not performed, and the patient was lost. On dissection it was found that this woman had a deficiency in the palate, which was stuffed with rags of lint : these had gotten loose, and became entangled with the morsel she was about to swallow, which was stopped immediately over the epiglottis, and thus kept it closely shut down."

Other headings from the chapter on asphyxia include "Asphyxia by Drowning—From Breathing an Impure Air—Asphyxia from Hanging". The first of these indications remained valid for a number of years, the tracheostome being used to permit of artificial respiration if necessary with the surgeon's mouth to the stoma. It was deposed by the introduction of the familiar procedures of Sylvester in 1857 and Schaeffer in 1903.

What is there to say about tracheostomy for asphyxia from hanging ? Well, I think you will find it interesting that in 1837 death from hanging should be regarded as due to asphyxia. It must be said that Porter makes it clear that at this time the doubt had arisen that "these are not cases of pure asphyxia ; they are complicated" he says, "and the complication is too often the most irremediable part of the accident". The doubt had gained ground following the publication in the memoirs of the French Royal Academy of the case of a certain butcher—Gordon by name—sentenced to be hanged, who was, in Porter's words, "bronchotomized previous to execution and though taken down alive derived no benefit from the operation". I don't suppose any of you will be surprised to hear it.

It would never do to leave this section without saying something about tracheostomy for diphtheria. It is reasonable to suppose that certain of the successful tracheostomies of mediæval times were performed for diphtheria. There are accounts to be found of membranous inflammation of the throat though certain of the cases must have been examples of the virulent form of scarlet fever then prevalent. Not until Francis Home wrote his treatise on *Croup* in 1765[4] is there a clear description of what is unequivocally diphtheria. Home advised tracheostomy in this condition not simply to relieve the stridor, but to facilitate removal of the membrane. In 1826 Pierre Bretonneau of Paris published the work which gave the disease its name and the world a classical monograph[5]. In the previous year he had performed a successful tracheostomy on a case with laryngeal involvement and established a method of treatment that was to save countless lives.

It is one of the marvels of modern medicine that most of you here have never seen a case of diphtheria, far less one treated by tracheostomy ; but you must not forget that in the years between the Wars for instance, diphtheria was among the most common indications for the operation and the superintendents of fever hospitals among its most experienced exponents.

PLATE I

(Reproduced by kind permission of Messrs. E. & S. Livingstone.)

The Present Position

I have heard it suggested that so far as the technique of the operation goes, there has been no significant change for very many years. I cannot agree with this. There has been a most significant change and it is in connection with anæsthesia.

Since the early days of general anæsthetics it has been taught that to give a general anæsthetic to a patient with stridor from laryngeal obstruction was to court a death on the table. This was certainly what I was taught and this teaching I have until very recent times adhered to rigidly. The operation had to be performed under local anæsthesia, usually infiltration of the front of the neck by procaine, and what is more the advantages of the usual premedication had to be foregone. To administer opiates might dangerously diminish the depth of the respiratory exchange and atropine and its related drugs would render more viscid the secretions with an increased chance of their obstructing what little airway remained.

Consequently the patient would reach the operating table with his dyspnœa increased by terror of what lay before him. The infiltration of the neck would produce a feeling of tension in the tissues and increase the sensation of imminent suffocation. Panic would seize him and very often what had started as a deliberate procedure would have to be finished as an emergency stab with the patient livid and the blood like tar.

I am not going to tell you that every patient with upper respiratory obstruction can now be given with safety a general anæsthetic. These cases call for careful consultation between surgeon and anæsthetist and will always remain a source of great anxiety, but with the relaxant drugs and the anæsthetist a skilled exponent of intubation a great many of them are now operated on without worry or hurry, oblivious under a general anæsthetic.

Dr. Helliwell has reminded me of a case of ours in which we used helium. Where the nature of the obstruction or difficulty of access to the larynx makes intubation imprudent or impossible, the administration of an oxygen-helium mixture to the patient at the critical moment will so facilitate his breathing that the precipitate termination to the operation which I described is avoided.

In tracing the evolution of the operation so far, I have considered it from the point of view of the technique on the one hand and the development of opinion as to indications on the other. What is the present position with regard to indications ? Let us consult the 1948 edition of a famous textbook on Diseases of the Nose and Throat([6]). The indications you will find there may be summarized as follows :—

(1) Injuries to the larynx.

(2) Various inflammatory lesions involving in greater or less degree the larynx, trachea and bronchi such as is seen with inhaled vegetable foreign bodies and particularly in the disease called laryngo-tracheo-bronchitis. A similar distribution used to be seen in severe cases of diphtheria.

(3) Stenosis of the larynx or trachea, a heading embracing a wide variety of conditions ; for instance, neoplasms of the larynx, cicatricial stenosis and bilateral abductor paralysis. I will mention this last condition again later.

(4) As a preliminary procedure in operation on the larynx, etc., to allow the airway to bypass the field of the operation ; and following the operation, until the normal airway is restored.

(5) In supraglottic obstructions like growths of the pharynx—and, I would suggest, where there have been severe injuries to the face or lower jaw interfering with normal respiration.

Certainly all of these diseases and injuries are not uncommon causes for the operation in the practice of any large hospital. However, there is a much shorter list which, without consulting the records, I would say comprised the indications in all but a few of the cases operated on here and at Orpington Hospital in the ten years since the war. I have placed them in what I believe would prove to be the order of frequency :—

(1) For carcinoma of the larynx.

(2) For carcinoma of the pharynx.

(3) As a preliminary operation before laryngo-fissure, biopsy of the larynx with threatened obstruction, etc.

(4) For bilateral abductor paralysis of the larynx.

For those of you who are not familiar with the last-named condition, let me say that it is a disorder in which, following injury to the recurrent laryngeal nerves, for instance during thyroidectomy, the vocal cords become fixed in the adducted position.

With the foregoing list of indications clearly in mind, consider now what took place in Copenhagen in the months of August, September, October and November, 1952. During these four months there occurred a terrifying epidemic such as had never before been experienced, and it is a sobering thought that our knowledge of its causes are not sufficient to allow us to feel confident that comparable epidemics may not occur again, here just as well as there.

I refer, of course to the 1952 epidemic of poliomyelitis(7). 2,722 patients were admitted into one hospital before it ran its course, at one time at the rate of 50 a day. 866 of them were paralytic cases and at times as many as 70 were needing artificial respiration. The lessons learned about the treatment of acute respiratory insufficiency were, needless to say, invaluable. What is relevant to the present subject is that some 250 of the paralysed patients were subjected to the operation of tracheostomy and for reasons not touched on in the above list at all.

For several years prior to this, tracheostomy had been used with growing frequency for a number of disorders in which there was neither obstruction to the airway nor the threat of it ; that tracheostomy might have a place in the management of cases other than those with obstruction or threatened obstruction was an entirely new idea. It is an idea that all of you must clearly understand. The problem occurs chiefly in the practice of the neurologist and the neuro-surgeon, and the cases concerned include as well as poliomyelitis examples of the following disorders :—

1. Head injuries.
2. The recovery period after certain major operations on the brain.
3. Barbiturate poisoning.
4. Tetanus under treatment with relaxant drugs.
5. Myasthenia gravis.
6. Acute polyneuritis.

The following table shows the indications for 155 consecutive tracheostomies performed at the University and City Hospitals, Cleveland, Ohio, in the five years up to and including the year of the Copenhagen outbreak(8).

	1948	1949	1950	1951	1952	Total
Poliomyelitis	0	0	7	5	39	51
Neoplasms	2	11	7	6	9	35
Laryngotracheitis	5	8	1	1	7	22
Miscellaneous	2	1	0	10	6	19
Central nervous system disease ..	0	0	2	6	11	19
Central nervous system injury ..	0	0	0	3	6	9
Total	9	20	17	31	78	155

Look at 1949 : 20 operations were performed, more than half of them for neoplasms obstructing the airway, most of the rest for acute laryngo-tracheitis. Now jump on to 1952 : in this year 78 operations were performed, exactly half of them for poliomyelitis and nearly half of the rest in cases of disease and injury to the central nervous system. I think you will agree that this new indication for tracheostomy is an extremely important one and deserving of discussion.

At first sight the problem was a simple one common to all these cases with their varied ætiology. Here were patients who for one reason or another either had lost entirely the voluntary control of respiration or else had such a degree of

weakness of the respiratory muscles that the inability to cough and clear the airway of secretions was impaired to the extent that atelectasis and pneumonia were an almost inevitable consequence. The presence of the tracheostome permitted the frequent introduction of a catheter into the trachea and major bronchi through which, by means of a suction pump, the secretions could be aspirated at frequent intervals. Moreover, if necessary a bronchoscope could with ease be inserted by the same route, inspection of the bronchial tree carried out and bronchial toilet performed under direct vision. This was a huge step forward.

In this way those cases whose respiratory excursion remained sufficient to maintain adequate oxygenation and adequate washing out of carbon dioxide did well, but of course many came to need assisted respiration in some kind of apparatus. Up to 1952 most of such cases were nursed in a machine which produced intermittent negative pressure outside the chest wall, thus expanding the thoracic cage and drawing air into the lungs. Such machines included various iron lungs like the Drinker apparatus known as tank respirators and cuirass respirators which enclosed only the chest, but worked on the same principle. If it was necessary to perform tracheostomy on a patient consigned to one of these, the following difficulty arose : the chamber round the chest had to be airtight where the patient's head passed out of it. There had to be an airtight seal round the neck. You can imagine how difficult this would be to achieve in the presence of a tracheostome, particularly if it had been made low in the neck below the thyroid isthmus. I don't need to remind you that the tracheostome must lie outside the respirator. However, this difficulty was not insurmountable and in any case it was not the principal problem. The principal problem was encountered where, as well as paralysis of the primary muscles of respiration from spinal involvement, there was also paralysis of the larynx and pharynx from bulbar involvement. Fortunately in such cases the larynx is paralysed with sufficient room between the vocal cords not to hinder respiration.

Paradoxically, it was the pharyngeal paralysis which gave rise to the real difficulty. Unable to swallow, these patients quickly accumulate secretions in the hypo-pharynx which, as well as obstructing the respirations, are liable to be inhaled adding to those they cannot cough up. Placing a patient with combined bulbo-spinal involvement in a tank respirator was simply to accelerate the atelectasis and pneumonia that I mentioned above. Picture what occurred in such an instance during what has been described as " the uncompromising inspiratory effort " of the machine(9). Air was vigorously and inevitably drawn in through a paralysed larynx by way of the pharynx containing unswallowed secretions. Needless to say these secretions were sucked into the lungs and a fatal issue was ensured.

It was realized that in pure bulbar involvement, placing the patient prone in the head down position was sufficient to permit the unswallowed secretions to drain away, but alas, gravity proved to be no match for the machine.

During the August of the Copenhagen epidemic(7) 31 patients were admitted with respiratory paralysis and/or pharyngeal or laryngeal paralysis. *27 of them died.* On August 27th a new idea was tried out. Immediately it became apparent that as soon as the details could be perfected a solution was to hand. It was the source from which the present-day technique for treating these cases has sprung.

The patient was intubated under cyclopropane anæsthesia, the airway sucked dry and adequate oxygenation restored. High tracheostomy was then quietly and deliberately performed through the second and third rings of the trachea. Through the tracheostome was introduced a special short cuffed endotracheal tube and the cuff inflated. Already the pharynx was sealed off from the airway and a large measure of security against complications ensured. Through the tube intermittent positive pressure artificial respiration was administered just as 120 years before intermittent positive pressure had been administered through a tracheostome for the victims of asphyxiation. The 1952 method had certain refinements but was similar to the earlier procedure in essence. Then they used the bellows from the hearth, worked by hand of volunteer. In 1952 they used a rubber bag from the anæsthetic apparatus compressed by relays of volunteers and with a soda-lime canister in the circuit to absorb the carbon dioxide and a humidifier to avoid drying the delicate respiratory lining.

Now in 1955 there are several ingenious pieces of apparatus which provide the necessary intermittent positive pressure without the disadvantages attendant on the makeshift arrangements used in the Danish epidemic, but there is no time to describe them and in any case to do so would be to stray even further from my

subject which, let me remind you, is concerned with the evolution of the operation of tracheostomy.

While I was preparing this lecture I received a visit from a family doctor—a good deal my senior. I told him the title I had chosen. He said politely "I think that should be very interesting, particularly as nowadays the operation is never performed—is it ?"

No doubt he had in mind those children in the diphtheria ward. But I think you will agree that although this indication has vanished, others remain for the operation judged by Fabricius to be the foremost "of all the surgical operations which are performed in man for the preservation of his life".

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MEMORIES OF A BODYGUARD

By BILL CALLUM

It all started in the Gynæcological Out-Patients when Ri was called to the telephone to speak to someone from the Medical School Office. He was told that a Mr. Jay had rung from the Stoll Theatre to ask if any of the students would care to come and sing in *Aida*. Ri being a balanced sort of fellow thought this a bit odd. Nevertheless he rung up Mr. Jay and learnt that they only wanted walkers-on and would prefer us not to sing. Ri being cautious as well as balanced said "How much ?" and was told that they would make us very happy. As things turned out they did not make us as happy as all that, but perhaps we have been spoilt by the Welfare State. By 12 o'clock, the time we were to report at the Stoll, half a dozen of us had been rounded up and were almost ready to start for the bus stop. While we were on the bus we discussed what we might be expected to do and someone suggested that we might have to strip off all our clothes and paint ourselves with gold paint, and we thought that we ought to get extra money for that. When we got to the theatre we were told that we would find Mr. Jay on the stage. We followed arrows marked "Stage" up and down flights of steps along miles of dirty, ill-lit passages round innumerable corners past countless incomprehensible notices in Italian, over piles of shields, spears and helmets, until finally we passed through a door marked "Exit" to find a scene of indescribable chaos, which was the stage. Little men dashed in and out among the sphinxes and obelisks which littered the stage. In the centre was a

solid body of medical students gathered from most of the hospitals in London and plainly in Cup Final mood. Ballet girls dressed in tights of assorted colours were gathered in clusters here and there and in one or two corners groups of scene shifters were smoking and playing cards. Apparently oblivious of all this, with hands on their chests, some of the principals wandered about coughing and grunting and occasionally bursting out with a few bars of an aria.

When we had time to look around we realized that there were two distinct types of extra—medical students and the professionals, and the latter appeared an extremely queer assortment. We were just congratulating ourselves on finding such a profitable field for psychological study, when we noticed one of the extras idly flicking a very sharp looking knife open and shut and decided that we had better just stick to our parts when we got them. After a time it became apparent that this chaos was the Triumph Scene and we learnt that we might get parts when they finished it. Then things started happening to us—first one of us landed a job as a fan-waving slave and then the rest of us were recruited into the King's bodyguard. We would have felt happier if one of our fellow guardsmen had stopped playing with his knife. We were told briefly what we were supposed to do, given one run through and told to be at the theatre by 6.30 p.m. for the performance.

We had wondered how we would all manage to get costumes that fitted, but when we got to the theatre we found that it was quite simple—all the costumes were the same size. We had to wear voluminous green smocks, with sashes over our shoulders and there were plenty of sandals from which to choose. The only difficulty was with the helmets which at first sight appeared to be in two sizes—too big and too small—but on passing them round we found that they were really all the same size and it was our heads that were all too big or too small. We never solved this problem.

When we arrived on the stage about ten minutes before the curtain was due to go up, the place was still a hive of activity. The scene shifters were still shifting the scenery around, men were carrying musical instruments, the Producer and Stage Manager and their assistants were still dashing about shouting instructions in Italian and then having to find people to translate—all to a background of the orchestra tuning up and the chorus clearing their throats. At last we were lined up in the wings ready to enter at our cue. The orchestra played the National Anthem and then started the overture. At once the atmosphere changed : from being all rather a joke it became a good performance of some beautiful music. It no longer mattered that Radames was fat and was wearing a ridiculous costume and I for one almost forgot to come on when I was supposed to. After this, although there was still the crazy scramble behind the scenes and although there were a few moments of comedy on the stage, the music took charge and one no longer worried about anything else. There were a few titters when Radames appeared dressed as Neddy Seagoon and when two of the male dancers collided in their efforts to grasp the prima ballerina , but these incidents were soon forgotten. In spite of all the comedy backstage the lasting impression that I have received is of an opera that I shall like all the more for having appeared in it.

EDITOR'S NOTE.—By the time this appears the success of the four-week opera season will be apparent to many who have failed to obtain a seat in the immense Stoll Theatre. There have been many seasons given by *ad hoc* Italian companies recently, but this has differed from them in the quality of the singing, and in particular the engagement of the Royal Philharmonic and London Symphony Orchestras under first-rate conductors. In common with other such seasons, however, acting, production and *décor* tend to be rather haphazard. The above account makes it quite clear why such productions take one or two performances to settle down, so that first night reviews, from one of which we quoted in our last issue, can be very misleading. We attended one of the later performances of *Aida*, and are happy to report that the extras behaved with unobtrusive dignity, and the unintentional humour of the first night had very largely disappeared. The conductor was the veteran Vincenzo Bellezza, the orchestra the Royal Philharmonic, and there were thrilling voices among the soloists, of whom at least two play leading rôles at La Scala, Milan.

REFLECTIONS FROM A RIVER BOAT

An amused crowd of spectators on Westminster Pier witnessed a minor catastrophe when the loss of a piano was revealed on board the *Royal Princess* ; it had been " stolen " by the crew of a rival party. Another instrument, of a somewhat honkytonk variety but, nevertheless, a piano, was produced and wheeled unceremoniously on board.

And so it was that the fêted launch, the *Royal Princess* set sail majestically at 7.15 p.m. into the calm waters of the Thames in this perfect summer evening. 180 guests attended the dance which was organized by Miss Daphne Butwick and Mr. David Orlans on Friday, 31st May, to celebrate jointly the recently formed Ladies' Club, and the May Bumps successes of the Boat Club.

A skiffle group directed by Mick Craft played on the lower deck for the entertainment of diners, while on the extensive top deck, beneath a gaily decorated awning, George Fielder's band played jazz.

Dancing in such an attractive setting delighted the guests all evening, but on approaching Hammersmith Bridge the music stopped and all attention was focussed on a small crowd of unsuspecting onlookers. As the boat passed under the bridge the tension increased and most people had already taken cover under the awning. The skipper threatened to turn round " if anyone throws anything down." But rumours that the Prosthetics Laboratory had exported quantities of dental plaster to be suitably disposed of at Hammersmith Bridge, were a false alarm. We emerged safely amidst shouts and laughter from the dancers—and a sigh of relief from the crew.

Apart from gatecrashing part of the course of the Chiswick Regatta, which provided an enjoyable spectacle, the journey up river was accomplished without further incident.

The highlight of the evening was a first class cabaret staged by Peter Drury, Malcolm Tuddenham, Dennis Yetman and Michael Woodman. They entertained us for half-an-hour with songs, ditties and inpressions of hospital life, some of the material being compiled especially for the occasion. Those of us already familiar with this team—from the Christmas Show and Residents' Ball, will fully appreciate their appeal and topical humour. The audience, cramming the deck floor, were highly amused and provided an overwhelming reception. In response to repeated demands of " encore ", Mr. Tuddenham delighted us with the popular " Barrer in the Borough."

By now many people were aware of the presence on board of Miss Judy Fenton, an *Evening Standard* reporter. She was most impressed with our behaviour ; students, especially medical students, she feels, are always under suspicion. It is indeed to our credit that we resisted the temptation to emulate the antics of certain debutantes and their escorts.

On returning to Westminster Pier ahead of schedule, the dancers were reluctant to disembark in spite of protests from the captain—" The Yard are opposite," he warned helplessly—the band struck up 'The Saints' and the entire crowd launched into action. After rendering ' Guy's Patients ' and ' Auld Lang Syne ', dancers were led astray in a conga, eventually to abandon the boat and disperse.

FOOTNOTE.—The 'candid cameraman ' aroused some curiosity. His photographs, which promise to be most amusing, are being compiled as a folder, copies of which will be available throughout the hospital for inspection. Orders for prints should be placed as soon as possible (6 ins x 4 ins. size print—price 2/- each).

D.R.B.

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CORRESPONDENCE

Letters to the Editor of the Gazette

Nursing in Canada

SIR,—I have never been an enterprising subscriber to magazines, or one of those individuals who rally enthusiastically to any given cause. In fact, by nature, I am rather lazy and quite content to sit back while others contribute ideas or complaints. However, if sometimes incidents occur which affect me seriously enough, I can rally with the best of them.

In this case, it is the complications that arise from Canadian emigration. I am in no way discontented with my life in Canada, it is a wonderful country, full of opportunity and with many and varied interests. Also, I am not writing about my first impressions, for I have lived here two and a half years now, and have thoroughly enjoyed myself during this time. The people of Canada are very friendly and anxious to welcome all newcomers.

There is however, one drawback, and just recently I have met this several times with nurses who have just arrived in this country.

Each nurse's schedule of training is checked by the Ontario Nurses' Registration, and in most cases the nurse is told on her arrival here, that her training is insufficient for Ontario standards. The main subject seems to be the Pædiatric examination, and unless the nurse is prepared to sit this examination in Ontario, she cannot become registered. This means that she will be allowed to obtain a position in a Canadian Hospital and accept the responsibilities of a registered nurse, but receive less pay.

A great many nurses are arriving here, full of enthusiasm, only to find as soon as they step on Canadian soil, they have to go through this procedure, sit the examination, await the results and then apply for Registration. All this takes time of course, and during these months, they are not receiving the wages they were told they would be earning. Naturally, this is an unexpected and depressing aspect to be greeted with, and many English nurses start life in Canada with the idea that their reception here is a very cool one.

However, this information is not meant to discourage any nurse who intends to emigrate, but I would advise her to have her papers checked thoroughly before leaving England, and if she is told she must sit an examination on arrival, at least she knows where she stands and is better prepared to accept this. To venture forth to a new country and be met by all these minor set-backs can be very annoying, and many nurses are tempted to give up and go home.

The Western Provinces of Canada are more lenient, and nurses are accepted more readily, whilst registering in these Provinces is quite straightforward, provided a midwifery course has been taken before leaving England.

So may I repeat, when applying for Canadian Emigration papers, have your training schedules checked thoroughly before leaving the United Kingdom, even if it takes a little longer to go through, and then when you arrive in Canada, you will be prepared to enjoy your new life here.

Yours etc.,

PATRICIA EXELBY, S.R.N.

Nurses' Residence,
Sunnybrook Hospital,
Toronto 12, Ontario.

Mr. R. P. Rowlands

SIR,—I wonder whether you or any of your readers can tell me whether the late Mr. R. P. Rowlands, Surgeon to Guy's, had an unreduced Colles Fracture in, I think, his right wrist ?

I had a mild argument with another old Guy's man recently and I may be wrong, but I seem to remember noticing the deformity on one occasion when Rowlands was operating.

I worked for him as Out-patient Clerk, then as Assistant Surgeon's Dresser, and afterwards as R.M.O.B. for two years, and always admired his surgery. He may not have had the complete perfection of Arbuthnot Lane or the meticulous precision of J. H. Targett, but he was a brilliant surgeon, quick and deft, and if

I am right in my recollection of the deformity his excellence was all the more to his credit.

My most outstanding recollection of him as a surgeon was one night in *Bright* when a patient with an acute appendix, brother of an old Guy's man, arrived very late, having been taken to the Front Surgery by mistake. He was quickly prepared for the theatre and went in at exactly 11.35 p.m. I gave the anæsthetic, and I made it a principle never to hurry an induction, but this patient was back in bed, minus his appendix, on the stroke of midnight. Thanks to the skill and ability of our R. P. Rowlands, all the more so if I am right about his wrist. It certainly functioned perfectly.

Health Centre,
Nottingham Road,
Natal, South Africa.

Yours etc.,
G. DUNDERDALE.

The Piper Painting

SIR,—Your reproduction of the two John Piper pictures of Guy's leads me to hope that I shall see the finished original oil painting one day. Meanwhile, I suggest that a painting of this quality deserves reproduction in colour-print of reasonable size for framing. A picture postcard too is not to be despised. I have an excellent one of a Piper—6 ins. x 4¼ ins.—for which I had to pay a few pence.

Newtown House,
Blaminster, Dorset.

Yours etc.,
E. A. PENNY.

EDITOR'S NOTE.—We welcome this suggestion, but point out that the work would have to be undertaken on a commercial basis by a firm specializing in colour reproduction, in collaboration with the artist and owners. The first assurance they would need would be that the demand justifies such a costly venture. Now that the painting has been on view we would welcome readers' views on this.

Past v. Present Cricket Match

SIR,—May I bring to the notice of your readers that it is intended to revive the annual Past *v.* Present Cricket fixture. This year, the game will be played at Honor Oak Park, on Saturday, 15th June, starting at 11.30 a.m. It is hoped that the game will be taken as an opportunity for a reunion not only for those playing but also for past and present supporters of the Club.

The Past team will include :

D. E. Blake, I. A. H. Munro, L. D. Carton-Kelly, K. Gray, A. Gunn, M. Bishop, N. Glover, A. E. Trist and D. Lippington.

Guy's Hospital
London, S.E.1.

Yours etc.,
J. D. WILLIAMS.

Jazz Society

SIR,—On Wednesday, 15th May, a meeting was held in response to a desire of many people in the Hospital to form a Jazz Society. The outcome of the meeting was that a Jazz Society (with a committee of representatives of the three classes of jazz music) was launched and a chairman and secretary elected. The aims of the Society were discussed and the following purposes resolved :—

a) To foster interest in all aspects of jazz.

b) To provide facilities for the formation of instrumental groups and draw on Hospital talent.

c) To hold Jazz " hops " using Hospital and outside bands.

d) To hold regular gramophone recitals.

The immediate programme includes a General Meeting of the Society on Tuesday, 11th June, in the Quiet Games Room at 1.00 p.m., and a talk illustrated with records by Mr. John Duff also in the Quiet Games Room at 12.30 p.m. on the 12th of June.

Yours etc.,

Guy's Hospital,
Lonson, S.E.1.

R. TOMALIN (*Hon. Sec.*)

REVIEWS

Diseases of the Heart and Circulation. By PAUL WOOD. 2nd edition, revised and enlarged, 1956. Eyre and Spottiswoode. Pp. 1,005. *Price* 5 *guineas.*

It comes as a surprise that it is six years since this excellent book was first published, for it was still the most up-to-date text on cardiology and constantly quoted in the current literature. Its greatest value has been the practical application of the advances made in the investigation and treatment of heart disease to the individual patient. The soundness of this approach and the design of the book has been justified in the past few years as further knowledge, which is the reason for this second and expanded edition, has been gained. In the preface the author succinctly outlines the present position and trends in cardiology and is aware of the possible criticism that certain aspects where advances are being made (to which, of course, he has greatly contributed) are over-stressed. This criticism would be justified if other aspects, where knowledge is at present more stationary, were skimped or neglected. This is not so, for there is no section where the undergraduate will not find authoritative and practical help, nor the postgraduate the stimulus of a live and modern presentation. There is throughout a very persona feeling which the student needs and appreciates in a teacher, and a dogmatism which is not dangerous in an author who is clearly testing the changing evidence and is prepared to restate it at such a short interval. The references at the end of each chapter are meant to be used, the illustrations do illustrate, the index is a clear indication to the text, and the production is good ; it is well worth the money. A remarkable achievement and a remarkably good book, it can be recommended without reservation. C.G.B.

Pædiatric Cardiology. By ALEXANDER S. NADAS. 1st edition, 1957. W. B. Saunders Company. Philadelphia and London. Pp. 587. *Price* 84*s.*

In the foreword to this book it is pointed out that the first textbook of pædiatrics from Harvard Medical School in 1896 contained 7 pages on congenital heart disease. This book of 587 pages, coming from the same source sixty years later, emphasizes the important place that cardiology has achieved in pædiatrics today. It is a comprehensive work on all aspects of heart disease in children and is written primarily for the benefit of the pædiatrician, general physician and medical student. There is much in it, however, which will be of interest to the cardiologist, and the chapter on the electrocardiogram in childhood, relating the pathological changes to the normal pattern at different ages, will be of particular value. The greatest emphasis is naturally on congenital heart disease and the section on this is clearly written and based on simple physiological principles with diagrams of the hæmodynamic changes in each condition which makes easy reading for the uninitiated. It is rather disappointing, however, that more emphasis has not been placed upon the diagnosis and treatment of heart disease in infancy, when it is remembered that of all children born with congenital heart lesions, 60 per cent die in the first year of life.

It was encouraging to the reviewer to find a chapter devoted to phonocardiography and the value of this technique in the study of the different conditions is well illustrated. There is an excellent bibliography at the end of the book with the title of each paper included in the reference, a practice which might commend itself more widely to the writers of English textbooks. The illustrations throughout the book are mainly good, although the quality of some of the electrocardiograms, particularly that depicting the rsR pattern in atrial septal defect, could be better.

This book can be unreservedly recommended to the medical student as well as to the pædiatrician and the cardiologist. J.D.L.R.

Cleft Lip and Palate. By W. G. HOLDSWORTH, F.R.C.S. 2nd Edition, 1957. William Heinemann, London. Pp. 187. *Price* 42*s.*

This little monograph is a reasonably complete exposition of the whole problem of cleft lip and palate. From embryology and anatomy we pass through surgery, nursing care, anæsthesia and orthodontics. Closure of cleft lip and palate has exercised the attention of surgeons for centuries. It is obviously impossible, and even undesirable, to present in great detail all the operative procedures that have been used through the ages. The author has therefore briefly described the classical methods but given in greater detail the methods in common usage today.

Thus for the cleft lip he has given pride of place to the LeMesurier operation, ut has also described the methods of Blair and Brown, Veau and Denis Browne.

In cleft palate closure he concentrates on Langenbeck, Denis Browne, Axhausen, Wardill and Dorrance. He does not clearly state his preference, and perhaps this would be impossible. Any surgeon practising in this field must be acquainted with the principal methods, and be prepared to modify his approach according to the problems of the individual case.

The chapter on secondary operations is a very useful addition, since residual deformities, though diminishing in number, are always a problem. He rightly stresses that few, if any, can be made perfect.

The book is very well illustrated by photographs and drawings, and is an important addition to the library of any surgeon interested in this work.

N.E.

Culture and the Structural Evolution of the Neural System. By F. A. METTLER. The American Museum of Natural History, New York, 1956.

In this, the James Arthur Lecture for 1955, Professor Mettler follows a long list of distinguished lecturers " On the Evolution of the Human Brain ". This has included Tilney, Judson Herrick, Ariens Kappers, Weidenreich, Fulton, Edinger, Romer and Magoun, and it is a matter of regret to this reviewer that Professor Mettler's discourse is the first in the series to be printed.

The address is primarily an attack upon the generalization that relative brain size has increased during the evolution of the primate stock and that this tendency will continue and is a " good thing ". The wide truth of this contention is, of course, unassailable, and it must be said at once that in rightly criticizing its wholesale application to *Homo Sapiens* and his future, Professor Mettler may seem to some to be obscuring the greater truth in his pursuit of the lesser misapprehension. Moreover, many students of man and his evolution are no more ready to accept the generalization unreservedly than is he. Nevertheless, he has marshalled the apparatus of criticism with admirable skill, and with a breadth which is most refreshing in this day of ever-narrowing specialities. His platform extends from the topic of progressive pelvic widening in primates (with some dire warnings on the obstetrical problems entailed) to the statistics of neuropsychiatric pathology in the United States.

As is usual in matters biological, and especially anthropological, there is a not altogether discriminative alignment of factual with speculative and even frankly provocative statements. Thus, a most coercive analysis of the unreliability of the available data regarding brain size in primates is linked with some highly equivocal deductions on cerebral oxygen supply, obstetrical difficulties and so on. These and other matters are held to justify such statements as " no evidence exists to support the contention that man's cultural advance has been due to, or has been paralleled by structural changes in his nervous system ". It is difficult to see, however, in what manner human culture, even on the narrow scale of the last few millenia, could have been evolved except by the agency of a nervous system considerably improved from the mammalian and even early primate condition ; and although Professor Mettler is almost certainly right in asserting that cultural rather than cerebral evolution has held sway since palæolithic times at least, it is a pity that his emphasis upon this appears to obscure the larger issue. Particularly is this so since his contention is not entirely novel ; Huxley put forward the same view in his " Evolution, a Modern Synthesis " in 1942. In the same vein, it is misleading to cite Coon in 1954 as an authority for the conception that upright posture, grasping hand and excellent vision have played so significant a rôle in human evolution, especially since Grafton Elliot Smith was preaching this gospel by invitation in the United States in the 1920s, and was himself by no means its originator.

The text has a few typographical blemishes, such as " ambystoma " " omniverousness ", and one wonders whether the neologism " neonates " is not so inextricably reminiscent of buttocks as to be impracticable barbarism.

In some, however, this is a most informative and thoughtful contribution, for Professor Mettler has carried this theme further than any before him. Some will undoubtedly decline recruitment into his " army of departmentalized scholars ", regarding the indiscriminate line-up of " physical and social anthropologists, of anatomists, physiologists, psychologists, and sociologists ", as being, like the R.A.M.C., rather a mixed crew. Few will fail to enjoy such pithy comments as " Many modern persons seem not to be more abundantly supplied with cerebral substance than any of the Eolithic or Neolithic Variants " . . . . R.W.

Relaxation and Exercise for Natural Childbirth. By HELEN HEARDMAN. E. & S. Livingstone Ltd. *Price* 1*s.*

This pamphlet is based on the principles of natural childbirth as laid down by Dr. Grantly Dick Read, and the author herself has written a larger book on this subject.

Divided into two chapters, the first deals exclusively with exercises designed to assist the expectant mother during her labour. As a physiotherapist, the author is well qualified to describe these exercises, which are simply and concisely set out and adaquately illustrated.

The second chapter, on labour, approaches the subject from the viewpoint that effective relaxation and a peaceful mental approach leads to a virtually painless labour. Description of the physical events during labour is somewhat disappointing—the expectant mother would need to consult a further authority for clearer and more detailed information.

V.P.H.

SPORT

CRICKET

Guy's *v* Stoics

At H.O.P. Result—Lost. 15th May, 1957

Guy's

K. M. Pagliero, c. Morris, b. Payne	46
M. Tuddenham, b. Caston	0
R. W. Elsdon-Dew, l.b.w. Payne	23
J. A. Dyde, b. Payne	20
P. M. E. Drury, not out	41
S. J. S. Lam, not out	43
Extras	5
Total for 4 wickets, declared	178

M. N. Morgan R. G. Bury, T. J. H. Clark, J. D. Eustace, A. S. Horner, did not bat.

Stoics for 6 wickets .. 180

Bowling	O.	M.	R.	W.
Morgan	15.4	3	33	3
Dyde	12	2	53	2
Clark	4	0	25	0
Elsdon-Dew	3	0	21	0
Drury	2	0	18	0
Bury	3	0	24	0

Guy's *v.* Reigate Pilgrims

At Betchworth. Result—Won. 19th May, 1957

Guy's

K. M. Pagliero, c. Lee, b. Wood-Smith	36
M. N. Morgan, b. Wood-Smith	28
M. Tuddenham, c. Lee, b. Wood-Smith	0
R. W. Elsdon-Dew, c. Winter, b. Jones	17
J. A. Dyde, b. Jones	63
P. M. E. Drury, l.b.w. Jones	1
S. J. S. Lam, c. Barham, b. Jones	4
T. J. H. Clark, b. Jones	0
M. A. C. Lyon, b. Wood-Smith	0
R. G. Bury, b. Wood-Smith	0
J. D. Eustace, not out	10
Extras	3
Total for 10 wickets	162

Reigate Pilgrims for 10 wickets .. 52

Bowling	O.	M.	R.	W.
Morgan	10	3	15	3
Dyde	12	2	18	5
Lyon	3	2	5	2

Guy's *v.* Wimbledon Town

At H.O.P. Result—Won. 25th May, 1957

Guy's

K. M. Pagliero, c. Briance, b. Page	43
M. Tuddenham, b. Briance	4
M. N. Morgan, c. Rogers, b. Briance	27
R. W. Elsdon-Dew, b. Ward	26
J. A. Dyde, not out	51
D. M. Smith, b. Page	3
P. M. E. Drury, not out	9
Extras	12
Total for 5 wickets declared	175

Wimbledon Town for 10 wickets .. 102

Bowling	O.	M.	R.	W.
Morgan	9.2	2	29	4
Lyon	10	3	32	2
Bury	6	1	25	3
Dyde	5	2	7	1

Guy's *v.* Ashford

At Ashford. Result—Won. 26th May, 1957

Guy's

K. M. Pagliero, c. Lewis, b. Nelson	40
M. Tuddenham, b. Nelson	45
M. N. Morgan, b. Nelson	12
R. W. Elsdon-Dew, run out	12
J. A. Dyde, b. Horne	0
P. M. E. Drury, c. Horne, b. Holdstock	22
S. J. S. Lam, b. Nelson	13
R. G. Bury, c. Law, b. Bryan	15
J. D. Eustace, l.b.w. Horne	17
D. Wright, not out	0
P. Banks, b. Bryan	0
Extras	20
Total for 10 wickets	196

Ashford for 10 wickets .. 42

Bowling	O.	M.	R.	W.
Morgan	9	2	9	4
Dyde	9	8	6	1
Banks	5	3	7	3
Drury	4.2	0	8	2

Guy's 2nd XI *v.* Dulwich 2nd XI

At H.O.P. 18th May, 1957

Result—Match Abandoned (Rain)

Guy's for 10 wickets .. 131
(J. Lee-Potter, not out 58)

Dulwich for 8 wickets .. 101
(J. Lee-Potter 4 for 37)

Guy's 2nd XI *v.* U.C.H. 2nd XI

At Hendon. Result—Won. 25th May, 1957

U.C.H. for 10 wickets .. 117
(J. Lee-Potter 5 for 27, J. Gornall 3 for 2)

Guy's for 5 wickets .. 118
(B. Batten, 34 not out, N. Russell, 30 not out)

ROWING

United Hospitals May Bumps

The United Hospitals' May Bumping races were held this year on the 8th, 9th and 10th of May. The course was 1½ miles, from just below Syon House to Kew Road Bridge.

Guy's entered three VIIIs which all performed remarkably well. The 1st VIII starting in 3rd position in the 1st division made one bump and moved up to 2nd position. The 2nd VIII starting 4th in the second division made three bumps and are now head of the 2nd division. The 3rd VIII starting 8th in the 2nd division made 2 bumps and moved up to 6th position. This was by far the best record of any of the competing hospitals.

1st VIII

On the first night the 1st VIII were behind St. Bartholomew's Hospital I and were being chased by London Hospital I.

Guy's were off to a very powerful start and dramatically cut the Bart's. lead of 1¼ lengths of clear water by a half in the first minute of rowing. London Hospital had by now dropped well behind and Guy's steadying their rating from 38 to 33 continued to narrow the gap between themselves and Bart's. I. After 2 minutes rowing Guy's were down on Bart's. by only a canvas, and a spurt by Brentford Docks took them to within feet of the Bart's. rudder. For a short time it appeared as though Guy's had shot their bolt as they could just not make up the final few feet. However, cox called for another spurt and after this the boats were overlapping and soon afterwards Guy's successfully made their bump which had taken them 3½ minutes of rowing.

This was the first bump amongst one of the first 3 boats in the 1st division since the bumping races were inaugurated 2 years ago.

On the second and third nights the 1st VIII was unsuccessful in its attempts to bump St. Thomas's I who are head of the first division. On both nights Guy's went up on the start but were not able to get any closer than ¾ length. After the first minute St. Thomas's I were strong enough to hold Guy's and draw away over the latter half of the course.

2nd VIII

On the first night Guy's II bumped Bart's. IV. Guy's were off to a hard start and went up on Bart's. very quickly and made their bump after 1¼ minutes rowing.

On the second night Guy's II bumped L.S.E. I. Guy's went up so quickly that they made their bump after only ¾ minute rowing.

On the third night Guy's II bumped London Hospital II. Guy's were off to a bad start when one of the crew fell off his seat for the first six strokes, but once the crew had got together, they slowly cut the London Hospital lead and made their third successive bump after 2½ minutes rowing. Guy's were the only crew to make a bump every night and were therefore awarded their blades.

3rd VIII

This crew were the traditional gentlemen's VIII containing some very experienced oarsmen, some in training but the majority not.

On the first night they bumped Middlesex Hospital II after just over 1 minute's rowing. On the second night, with a less experienced crew they were unable to bump Westminster Hospital II who were ahead of them although they went up on the start. However, on the third night with a rearranged crew they rowed Westminster II down very quickly and bumped them after 1¾ minutes of rowing.

Our thanks are due to Geoff. Longson who coached the 1st VIII in the last fortnight of training.

CREWS

	1st VIII		3rd VIII
Bow	M. A. Young	*Bow*	S. King
2	R. H. S. Mindham	2	D. N. Orlans
3	H. D. W. Plowright	3	G. Read-Ward
4	D. C. Inman	4	P. Nicklin
5	B. A. Ross	5	W. Long
6	T. H. Redpath	6	J. White
7	J. D. Pullan	7	W. Pryse-Phillips
Stroke:	M. S. Parrish	*Stroke:*	F. Schweitzer
Cox:	A. E. P. Hudson	*Cox:*	J. Bradley

3rd VIII

From: H. Weintraub, H. R. Rippon, D. Smith, R. Graham, P. Dobson, J. Bunyan, B. Batten, M. Boundy, G. Longson, *Str.:* M. Lake, *Cox:* R. Read.

LAWN TENNIS

Cambridge Weekend

On 18th and 19th May the Hospital 1st VI visited Cambridge, with matches against St. Catherine's College on the Saturday, and St. John's College on the Sunday. The match against St. Catherine's was interrupted by rain, but a very decisive win by Guy's of 5-0 was reached, just as a sudden downpour concluded play for that day. Fortunately, by Sunday, the rain had cleared, and Guy's were able to take on St. John's, who are recognised as the champion college after their victories in the "Cambridge Cuppers." After a very close fight, Guy's won by 5-4, the decisive match being the last played. This was comfortably won by Rose and Sellman, the Guy's third couple.

Summarizing the weekend as a whole, the most pleasing feature was the form shown by Rose and Sellman, who won four out of their five matches. At third couple they produced the most successful results—surely a good omen for the U.H. Cup. Dobie, a newcomer to Guy's this year, has established himself at first couple with Black, the captain, and their results were pleasing. Devereux and Maggs were not on form and their results were disappointing.

Guy's *v.* St. Catherine's College

Result—Won 5-0

Black and Dobie, Won 2, Lost 0, 1 unfinished.
Devereux and Maggs, Won 1, Lost 0, 2 unfinished
Rose and Sellman, Won 2, Lost 0, 1 unfinished.

Guy's *v.* St. John's College

Result—Won 5-4

Black and Quant, Won 2, Lost 1.
Devereux and Maggs, Won 1, Lost 2.
Sellman and Rose, Won 2, Lost 1.

United Hospitals' Cup—2nd Round

Guy's 9—St. Bartholomew's 0

After a bye in the 1st round, Guy's, the No. 1 seeds, met St. Bartholomew's Hospital in the 2nd round of the U.H. Cup. The match was played at Sidcup, on 29th May, and conditions were perfect: the courts were of a very high standard, and not a single bad bounce occured all afternoon; the weather, for once, was perfect; and the solitary spectator was for Guy's. As a result, the Guy's team was inspired, and played very well to win 9-0, against a Bart's. side slightly improved on that beaten 7-2 at the same stage last year. Black and Dobie won all their matches comfortably at first couple. Devereux and Maggs were much improved after their bad form at Cambridge, and conceded the least number of games in winning their matches. Rose and Sellman again played well at 3rd couple, despite minor injuries, and repeated the successes attained in previous matches.

Black (capt.) and Dobie, Won 3, Lost 0.
Maggs and Devereux, Won 3, Lost 0.
Sellman and Rose, Won 3, Lost 0.
Guy's won by 9 rubbers to 0, 18 sets to 1, 115 games to 55.

Guy's *v.* Devonshire Park L.T.C. Eastbourne

Away. Result—Lost 5-4. 25th May, 1957
Black and Dobie, Won 2, Lost 1.
Sellman and Rose, Won 2, Lost 1.
Leake and V. Lang, Won 0, Lost 3.

Guy's 2nd VI *v.* Shooter's Hill L.T.C. 2nd VI

Away Result—Lost 7-2. 18th May, 1957
Leake and Hornung, Won 2, Lost 1.
Mackenzie, K. and Mathews, Won 0, Lost 3.
Slee and Clarke, Won 0, Lost 3.

LADIES' LAWN TENNIS

Guy's 1st VI *v.* London Hospital 1st VI

Result—Lost 3-6. 15th May, 1957

Team : 1st couple N. Chapman
J. Ransome Wallis
2nd couple K. Allsopp
J. Hawker
3rd couple M. Mackeith
S. Stubbs

Guy's 1st VI *v.* St. Mary's Hospital 1st VI

Result—Lost 0-6. 22nd May, 1957
(Three matches not played)

Team : 1st couple J. Ransome Wallis
J. Craig
2nd couple K. Allsopp
P. Cave
3rd couple M. Bown
J. Hawker

SWIMMING

The Inter-Hospitals' Swimming Competition was held at Marshall Street baths on 24th May, and besides the men's team Guy's entered a small but select nurses team of three.

Mrs. Warner, wife of the President of the Guy's Swimming Club graced the meeting by presenting the prizes at the end of the competition. It was also pleasant to see several consultants and their wives at the bath side.

We are sorry to say that the men's team could not manage to keep the Challenge Cup for the aggregate points total. However, they only lost to St. Mary's by a few points.

J. Murray won the diving competition with some beautifully executed dives. He was a clear winner and delighted the audience with his polished performance.

The Nurses team acquitted themselves excellently as follows :

2 lengths Freestyle S/N MacMillan 2nd
1 length Backstroke S/St/N Touret 1st
1 length Breaststroke S/St/N Taylor 2nd

We hope that this performance will encourage swimming amongst the nurses at Guy's.

In the mens events the results were :

100 yards Breaststroke A. B. Richards 1st
100 yards Butterfly A. B. Richards 1st
400 yards Freestyle T. Cuttress 2nd
Medley Relay : M. Gain, A. B. Richards, J. Murray, J. Kendall—1st
Freestyle Relay : R. Smith, R. Thomas, T. Cuttress, B. Maitland, A. B. Richards J. Kendall—2nd.

It is regretted that several ex-members of the team in Guy's could not find the time to do some swimming. Just a little more support and we should have won.

HOSPITAL INFORMATION

APPOINTMENTS

Dr. Christopher M. G. Buttery has been elected to the Roanoke Academy of Medicine, Virginia, U.S.A., and to the American Association of General Practitioners.

APPOINTMENT VACANT

GUY'S HOSPITAL

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in Dental Radiology** (with attendance on 6 sessions per week) to commence duties on 1st October, 1957.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Wednesday, 26th June, 1957.**

PASS LIST

UNIVERSITY OF LONDON

Ph.D.

A. Nightingale — Judith M. Nosworthy

Third (M.B., B.S.), Examination for Medical Degrees

April, 1957

Honours

J. A. P. Trafford (Distinguished in Applied Pharmacology and Therapeutics)

Pass

A. J. U. Anderson — E. B. Morgan
A. F. Broad — F. H. Muir
T. M. Bull — B. R. P. Murray
R. M. Clark — K. T. Nicolson
J. A. I. T. Clement — R. E. Owen
S. A. R. Cooke — P. C. C. Pitt
M. J. Coucher — Elizabeth A. Ridley
J. de B. J. Dade — D. S. Robertson
Barbara C. Dean — P. C. Shaw
B. D. Grant — R. D. Smith
Rosalie M. Harrison-Bloom — M. F. Terry
K. B. Tyrer
P. R. Hewett — Joyce Warner
D. C. Humphrey — C. Wastell
K. Kitiyakara — R. R. Watkin
Patricia O. Lane — W. E. Watson
Monica M. Langhan — P. B. Whatmore
M. J. Lavine — M. J. Williams
I. Lewis — S. R. Williams
I. McColl — Susan M. Wilson
C. A. G. Mackenzie — D. G. Yetman

Supplementary Pass List

Part I

A. J. Armour — N. Lis
R. D. S. Barnes — A. B. Morphy
J. T. Bravington — R. W. Salmon
P. Brooke — R. P. Snaith
M. H. de Groot — D. A. H. Thomas
P. S. Firth — H. M. Tuddenham
R. G. G. Gain — W. Whitrow
A. B. Hewitt — D. J. Wood
S. J. Lam

Part II

M. V. Appa Rao — Pauline J. Sandison
P. G. Benson — I. D. Simpson
B. L. Copley — E. Stockdale
M. Roberts — P. A. R. Sukhbir

Part III

M. V. Appa Rao — I. D. Simpson
P. G. Benson — E. Stockdale
D. A. Logan

Part IV

B. L. Copley — P. A. R. Sukhbir

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

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SPRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Nine guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

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GUY'S DENTAL SURGEON 1951 urgently requires partner, no immediate capital essential. Locum or assistant for short or long period also required. Accommodation available. Phone Wisbech, Cambs. 199.

MATURE DENTAL SECRETARY, experienced and competent in chairside, reception and N.H.S. procedure required in busy Somerset practice. Salary no object for right person. Please supply references. Box No. 193.

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Allanby, K. D. Deaths Associated with Steroid-Hormone Therapy. *Lancet*, 1957, i, 1104.

Atkins, Hedley. A or B. *Surg. Gynec. Obstet.*, 1957, **104**, 618.

Cox, A. G. C. Cortisone: The Present Position. *Med. Pr.*, 1957, **237**, 461.

Fulford, C. E. Aglossia Congenita. With Cineradiographic findings by G. M. Ardian and F. H. Kemp. *Arch. Dis. Childh.*, 1956, **31**, 400.

Holmes, J. M. Kielland's Forceps Handlelock. *Lancet*, 1957, i, 1074.

Joseph, J. and Thomas, G. A. The Fate of Autografts of Ileum Implanted into the Bladder Wall in the Rabbit. *Transplation Bull.*, 1957, **4**, 14.

Joseph, J. and Williams, P. L. Electromyography of Certain Hip Muscles. *J. Anat. Lond.*, 1957, **91**, 286.

Lloyd, Sir Neville Langdon. A New Kit for Sodium Nitrate-thiosulphate Therapy in the Treatment of Acute Cyanide Poisoning. *Brit. J. industr. Med.*, 1957, **14**, 137.

Robinson, R. G. Subdural Hæmatoma in an Adult after Air Encephalography. *J. Neurol. Neurosurg. Psychiat.*, 1957, **20**, 131.

Shephard, R. J. Changes of Intra-muscular Blood Flow During Continuous High Pressure Breathing. *J. Aviat. Med.*, 1957, **28**, 142.

Shephard, R. J. A null-point Discontinuous Electrical Pursuit Meter. *J. appl. Psychol.*, 1957, **40**, 287.

CHANGES OF ADDRESS

V. H. Bartley, M.B., B.S., The Good Samaritan Hospital, Cincinnati, 20, Ohio, U.S.A.

John Everall, M.R.C.P., Senior Registrar to Skin Department, St. Mary's Hospital, Paddington, London.

M. J. Hunter, M.B., B.Chir., Gatesgarth, Route de Noirmont, St. Brelade, Jersey, C.I. (Tel. Jersey Southern 748).

C. D. Joiner, M.D., M.R.C.P., Highlands Lodge, Oldfield Road, Bickley, Kent. (Tel. Imperial 4060).

C. H. Talbot, M.Chir., F.R.C.S., 36, Ormerod Road, Stoke Bishop, Bristol, 9. (Tel. Bristol 683792).

BIRTHS

BREWIN.—On 23rd April, 1957, at Hamilton, Ontario, to Doreen, wife of T. B. Brewin, M.R.C.P., D.M.R.T., a son (Philip).

BRUNSDON.—At Fredericton New Brunswick, Canada, to David and Dorothy Brunsdon a son Nigel David (by adoption) a brother for Alison.

EVANS.—On 25th May, 1957, to Hilary and John Evans, M.R.C.P., a son (Robin Ansdell), a brother for David.

MASTERS.—On 6th May, 1957, at Bearsted Memorial Hospital, Hampton, to Maria, wife of Peter Masters, M.D., a son (John Peter), a brother for Anne, Naomi and Ruth.

PETT.—On 16th May, 1957, at Whitehaven, 61, The Drive, Hove, to Margaret (née Miller), wife of Basil Pett, B.D.S., a son, a brother for Christopher, John and Andrew.

TIMMS.—On 20th April, 1957, at Rochford Hospital, to Elma (née Pirie), wife of Ronald Lionel, M.R.C.S., L.R.C.P., a son (Christopher Wingrove), a brother for Philip.

MARRIAGES

BURCOMBE—CREW.—On 18th May, 1957, at Newbury, Douglas Raymond Burcombe, M.B., B.S., M.R.C.S., L.R.C.P., to Hazel Moreen Crew, S.R.N., S.C.M.

NICHOLSON—DOOLEY.—On 4th May, 1957 at St. Peter's Church, Littleover, Derby, Thomas Wilson Nicholson, M.B., B.S., to Patsy Eleanor Dooley.

TYRER—ROWLAND.—On 18th May, 1957, at All Saints' Church, Dovercourt, Keith B. Tyrer, M.B., B.S., to Thelma Rowland.

DEATHS

BULLEID.—On 26th May, 1957, at Guy's Hospital, Arthur Bulleid, F.D.S., of 60, Portland Place, W.1, aged 64 years.

MOORE.—On 28th April, 1957, suddenly, Brian Russell Moore, L.D.S., of 68, London Road, Reading.

EDS. { T.W.H. / P.M.E.D.

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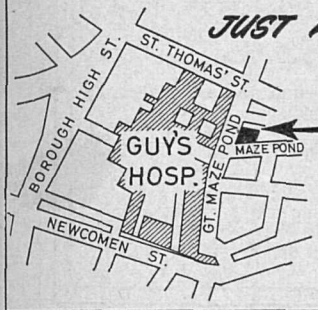

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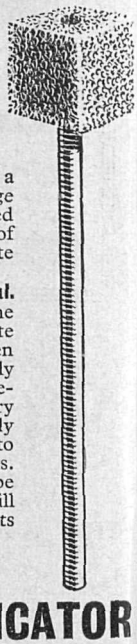

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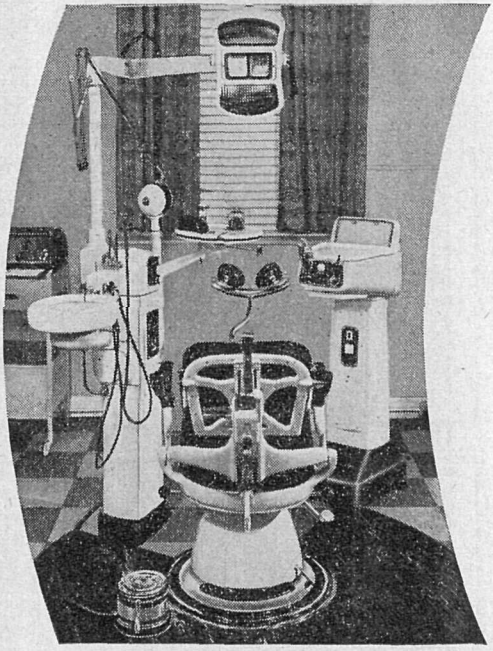

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PUBLISHED FORTNIGHTLY

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PASSIM

Two Cheers for Economy

THE latest economy drive has descended upon us in an avalanche of paper ; and once again we are lost in wonder at the master-mind which could dream up such prodigies of ineptitude. The attack this time is on two main fronts : one all too familiar to us, the other more original.

The first front uses the well-tried device of finding something else for which a consultant's signature must be obtained ; clearly this is driving steadily towards the day when only consultants may write on bed-letters and the expense of house officers can be entirely done without. The latest step on the road is the requirement of a consultant's signature for prescriptions for beer and spirits. We cannot recollect ever seeing these prescribed irresponsibly, nor has anyone suggested that they are, but the hope is that the additional administrative obstacle will make the tired houseman conserve his energy at the expense of his patients' needs.

The other main prong of the attack concerns itself reasonably enough with expenditure on drugs. None can object to the measures which attempt to reduce the amount of expensive and 'dated' drugs kept unused on the wards, but the most far-reaching edict requires more sceptical appraisal. This sets out to limit the prescription of out-patient drugs 'save in exceptional circumstances', to one week's supply. This should substantially reduce the expenditure of the dispensary; and perhaps those faced with a cut in the Hospital budget cannot be blamed for taking a step which will help this Hospital's economy to the detriment of that of the Health Service as a whole. It is a defect of the system, and of the whole bureaucratic approach to hospital management, that such an abuse can take place. It takes little imagination to see the consequences of this move. All those patients who are discharged from the Hospital on drugs, and all those whose treatment is under Out-Patient supervision, will be thrown back upon their general practitioners for renewal of their prescriptions. They will clog their surgeries and add substantially to the burden of their work, and the drugs will be prescribed and dispensed all over again, all of which must involve greater administrative expense to the Health Service as a whole than if a larger supply had been given on one prescription. Many of the medicines themselves will be more expensive than at Guy's, where so much is bought in bulk and made up here, and to this must be added the strong tendency for general practitioners as a whole to use more proprietary drugs than their Hospital colleagues.

All this is a degrading spectacle. In the first place both

measures imply lack of confidence in the responsibility of house officers and registrars ; the first by referring an absurdly simple decision to a consultant whose time could be better used than in considering which patients should have beer, the second by attempting to dictate how they shall prescribe. Surely it would be more reasonable to ask us all to take extra thought about the cost of treatment, and depend more on individual initiative and less on clumsy administrative manœuvres ; at the lowest level, the taxpayer in the least altruistic of us should respond to such an appeal. It is degrading too in that the financial administration of the Health Service is so narrow-minded that false economies like these abound. The most notorious is the fact that the slower the turnover of hospital beds, and therefore the longer taken over costly investigation and therapy for any one patient, the less is the total expenditure and therefore the more efficient the hospital in the eyes of Whitehall. The loss to the national economy by the increased morbidity of the waiting-list army cannot be accounted for in pounds, shillings and pence, and is therefore forgotten.

Vigilance in the control of spending is essential in hospitals as in other public services, but the watch-dogs have a habit of barking up whole avenues of wrong trees.

The decline in reporting of rugby matches in the *Gazette*, which has been bitterly deplored by many of our readers, has been cited by more than one of them as an aspect of apathy besetting the Club. We therefore welcome the outspoken contribution on page 268 from next season's Captain, Mr. A. Buirski ; this frank and honest approach to the situation shows players exactly where they stand and what will be expected of them in the future, and incidentally gives our older readers some insight into the present state of the Club which, through lack of information, they may have thought is worse than it is. It is encouraging to us that the *Gazette* has been regarded as the correct place for these remarks, and we look forward hopefully to a season of determined effort, fully reported in these pages. Mr. Buirski has asked us to reiterate that he implies no personal criticism of past or present members—his concern is only for the future. Hundreds of our readers will join us in wishing him well in his campaign to put Guy's rugby more firmly on the map, and will look in the *Gazette* to be informed how it is progressing.

The Annual Sports Day was graced by some fine weather, was supported by a great number of people, and altogether was an immense success. We hope that the large attendance will be maintained, if not improved upon, in future years. Accounts of the day's proceedings appears elsewhere in this issue. Grateful thanks and congratulations must go to Mr. Eckhoff, Mr. Tomkinson, and Mr. Ellis, whose hard work was the basis of success.

We heartily congratulate the Athletic Club on winning the Inter-Hospitals Shield by a decisive victory. Guy's now holds the Shield for the 22nd time, and has become first in the field, Bart's having won it 21 times. An account of the Championship appears on page 270.

At their next concert, announced on page 265, the Hospitals' Symphony Orchestra will have a new conductor, Mr. Leo Quayle, who is best known for his work with the Sadler's Wells opera company. The previous conductor, Mr. Colin Davis, who achieved such a high standard with this orchestra, has been appointed Associate Conductor of the B.B.C. Scottish Orchestra.

In our issue of 25th May we erroneously published a death announcement of Mr. F. L. King. We greatly regret this error and offer our deepest apologies to Mr. King and all who were misled by the announcement, which should have referred to the late Mr. A. F. King, of Bromley.

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *The Acute Abdomen.*
24th	M	1.00	Mr. K. E. Pringle. Dental Clinical Lecture. *Treatment of Pre-Normal Occlusion.*
25th	T	1.00	Dr. E. J. Moynahan. Clinical Lecture. *Triage : The doctor's first task after Nuclear Explosions.*
			Mr. J. W. Mansie. Dental Clinical Lecture. *Theory and Practice.*
27th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
			Mr. L. Willmore. Dental Clinical Lecture. *Disorders of Voice and Speech. Illustrated by Recordings.*
		5.00	X-ray Meeting. Medical X-ray Department.
28th	F	1.00	Mr. A. R. F. Thompson. Clinical Lecture. *Some Observations on Endodontia and Root Resection.*
JULY			Exhibition. Department of Surgery. *Amputations.*
1st	M	1.00	Dr. A. W. Hind. Clinical Lecture. *The Anæsthetist and Pre-Operative Assessment.*
4th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture. *Acute Osteomyelitis.*
		5.00	X-ray Meeting. Medical X-ray Department.
8th	M	1.00	Mr. J. S. Tomkinson. Clinical Lecture.

NOTICES

ADDISON LECTURE

The 11th Addison Lecture will be delivered by Dr. A. S. Parkes on " The Art of Discovery " in the Physiology Lecture Theatre, Guy's Hospital Medical School, on Thursday, 11th July, 1957, at 5 p.m. Tickets are obtainable from the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

GUY'S HOSPITAL PHYSIOLOGICAL SOCIETY

The Society's Session for the year 1956-1957 closed on 2nd May with the Annual General Meeting. At this meeting the following were elected to the Committee for the forthcoming Session 1957-1958.

Representatives—	for the Second year	C. C. WILMSHURST
	for the Third year	J. N. CROSSLEY
	for the Clinical years	D. A. REYNOLDS
	for the Dental School	A. GRAHAM
Also appointed—		
Honorary Secretary and Treasurer		P. J. WINTER

OBITUARY

ARTHUR BULLEID, F.D.S.R.C.S., M.R.C.S., L.R.C.P.

The death of Arthur Bulleid on 26th May, 1957, in Nuffield House, has robbed Guy's of a distinguished figure and a man whose personal charm inspired both trust and affection in his colleagues, students and patients alike.

Born on 5th November, 1892, Arthur Bulleid entered Guy's Hospital Medical School in October, 1910, to take the combined medical and dental course. His training was interrupted in 1914 when he joined the Artists' Rifles and he served in France until the early part of 1916. In that year he was released from the Army and completed his medical studies in 1917, having gained the coveted Treasurer's Gold Medal for Clinical Medicine. On re-enlistment he was transferred to the R.A.M.C. and was drafted to Turkey where he had charge of the Central Clinical Laboratory at Constantinople. It was this appointment which had such a lasting influence on his professional career, for he loved the work and henceforth became devoted to bacteriology.

Returning to Guy's in 1920, he completed his dental studies and the following year married Miss Kitty Cook who was at that time nursing at Guy's. Unfortunately, there was no opening for him in bacteriology and he entered dental practice with his elder brother who was already well established in Portland Place. Whilst accepting that there was no alternative to this, his interest in bacteriology persisted and his enthusiasm brought him into contact with Dr. Eyre, then Professor of Bacteriology. In the latter part of 1921 he became Dental Assistant Bacteriologist at Guy's and in the following year was appointed to the Dental Staff.

Those of us who were privileged to be his friends knew that he always hoped that when Professor Eyre retired he would be appointed in his place, but this, perhaps his greatest ambition, was not to be, and Arthur had to curtail his work on bacteriology and spend more time in dental practice.

However, his association with Professor Eyre and his research on dental bacteriology made him internationally known, particularly as

he was a gifted speaker and much in demand as a lecturer. His interest in bacteriology gained a practical outlet in the small laboratory which he established at home, where he was able to provide a pathological service for the local medical practitioners. He found this work absorbing and he loved to return to it in the evenings after a busy day at hospital or in the practice.

He was awarded the Cartwright Prize in 1936 as well as the Tomes Prize, and was Hunterian Professor between 1935 and 1936. After the last War he devoted more time to his teaching at Guy's and examined for the London University and the Royal College of Surgeons. In 1950 he was appointed to the Board of the Dental Faculty. This was work for which he was particularly suited, and his death, at the time when he was Vice-Dean, has deprived the College of an enthusiastic, constructive and loyal Fellow.

His students loved and trusted him for he was an excellent teacher and a kind one, showing a very sympathetic understanding of their problems. He took a keen interest in all the Hospital activities and became a very active President of the Hockey Club. Only two days before he died he attended their social meeting and gave an informal chat.

Arthur lived quietly and his work was his hobby. Nevertheless, he enjoyed a game of golf and loved his garden, although those who knew him well suspected that Kitty was responsible for most of the latter.

It was a privilege to be with him on a golfing weekend and I can recall many happy occasions when we motored down to Bramshot to take part in a meeting of a golfing society of which we were both members. He had a wonderful way of silently conveying his pleasure. He would be the first off the tee in the morning and whilst the more leisurely members were shaving, Arthur could be seen striding down the course, swinging his club, radiating his happiness and well-being. And then later, quite suddenly he would say : " What about going home ? " for he did not like to be away from Kitty too long. Arthur was never known to speak unkindly and was admired by all who knew him. His death leaves a void which will be difficult to fill and we shall miss seeing his familiar figure striding through the Park.

We mourn not only a great teacher but a very lovable man, and our thoughts are with Kitty in this time of sorrow.

W.K.F.

GAZETTE AND DIRECTORY SUBSCRIPTIONS

Readers are reminded that their annual subscriptions (12/6 per annum, post free), for which accounts have been sent, should be forwarded to the Manager, *Gazette* Office, Guy's Hospital, S.E.1, as soon as possible. If at the same time they enclose a further 10/6, the 1957 Directory of Guy's Men will be sent to them post free.

DISSEMINATED SCLEROSIS AS A DIAGNOSTIC REFUGE

By IAN MACKENZIE, M.D., M.R.C.P.

A Clinical Lecture delivered at Guy's Hospital on 12th December, 1955.

THE clinical lecture is a form of instruction to which I was often subjected as a student but it is not one which I greatly favour, principally because the lecture is not more closely associated with the κλίνη or couch, from which the word clinical is derived. As a gesture, perhaps, to this prejudice I propose to discuss not the clinical picture of this or that, not how to diagnose this or that but how and when NOT to diagnose disseminated sclerosis.

It is exactly 200 years ago this year that James Parkinson was born. His name has come down to us as the author of an *Essay on the Shaking Palsy*, to the features of which the term Parkinsonism has since been applied. Although his name would probably have not otherwise survived, this was not his only contribution to medical literature nor were his interests confined to the practice of medicine. He was a reformer, a radical, and a member of several secret political societies. He was examined on oath before the Privy Council in connection with a plot to assassinate George III in the theatre with a poisoned dart. He was the author of a penny pamphlet entitled *Revolutions without Bloodshed—Reformation preferable to Revolt.* He was an original member of the Geological Society. His description, in 1812, of acute appendicitis is one of the classic early accounts of this disease. Then in 1817, towards the end of his life, his *Essay on the Shaking Palsy* appeared.

You may well wonder where all this is leading but the point is that it was with paralysis agitans, as Parkinson also called the shaking palsy, that disseminated sclerosis was to be confused for the next 50 years. Thus Marshall Hall, writing in 1841 in his book on *The Diseases and Derangements of the Nervous System*, says: "Of the hemiplegic paralysis agitans I have long had an interesting case under my care. Macleod, aged 28, is affected by weakness and agitation of the right arm and leg augmented on any occasion of agitation or on moving; it is observed as he walks or when he passes his cane from one hand to the other; there is, besides, a peculiar lateral rocking motion of the eyes and a degree of stammering and defective articulation." This must surely be a description of disseminated sclerosis.

The first description of disseminated sclerosis does not however appear in medical literature but in the diary of Augustus d'Este, the illegitimate son of the sixth son of George III. He recorded in 1822 his first symptom which developed at the age of 28 and was indistinctness of vision. By the time he had made his last entry in 1846 he had written, scattered in the pages of his diaries, a perfectly recognizable account of the disease later to be described in medical literature and to be called eventually, disseminated or multiple sclerosis. Augustus d'Este died in 1848 having suffered during the course of his illness from blurred vision, double vision, paraplegia, fæcal incontinence, posterior column disturbance, vertigo and vomiting, and was finally almost completely disabled by recurrence of spastic paraplegia.

20 years after his death Charcot, in 1868, gave the first full description of this disease. "It is singular" he said at the time, "that a morbid state which possesses so distinct and so striking an anatomical substratum, and which is not a rare disease, should have escaped clinical analysis for such a length of time. If it be asked what cause so long deferred the recognition of disseminated sclerosis it is proper to point to the diversity of aspects under which it may be encountered in the hospitals. It is, in fact, an eminently polymorphic affection".

The main confusion had arisen, as I have said, with paralysis agitans although the nature of the tremor in the two conditions is quite different. Parkinson had already pointed this out, saying that the tremor he was describing occurred whilst the affected part was supported and unemployed and being even checked by the adoption of voluntary motion. In other forms of tremor of which he was aware the tremor is induced immediately on bringing the part into motion.

It is usual when new clinical entities are discovered for the first descriptions to be of florid cases. Partly for this reason but also because of the confusion with paralysis

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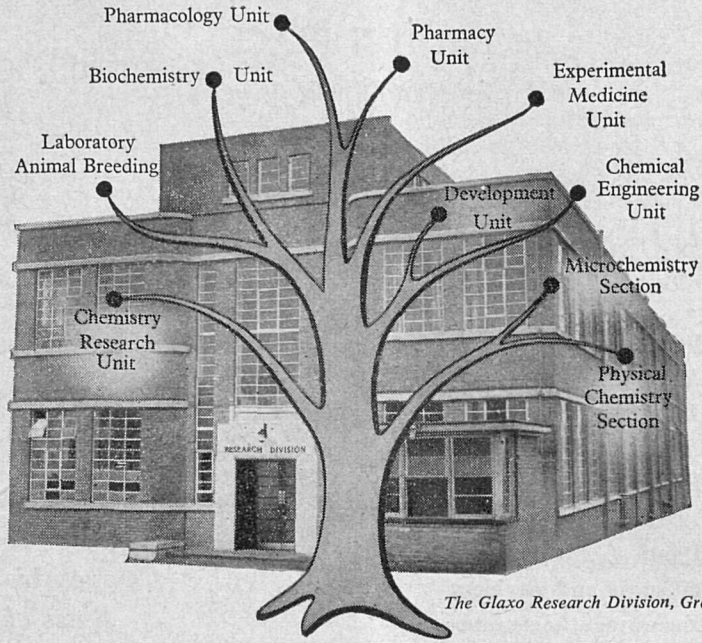

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agitans, Charcot laid great stress on the triad of nystagmus, scanning speech and intention tremor which, as we now know, is a relatively rare triad in disseminated sclerosis—at any rate in the early stages. Other symptoms of the disease were well known to him—amblyopia, diplopia, vertigo, paraplegia, sensory ataxia and intellectual changes. He also recognized varied modes of onset, with a tendency to remission in some cases and to chronic progression in others.

He could hardly have foreseen that the time would come when by finding a unilateral retrobulbar neuritis in a young person one could make a presumptive diagnosis of disseminated sclerosis and usually be right. Nor did he probably foresee the diagnostic use to which this 'eminently polymorphic affection' would be put.

It is about this I would now like to speak, first describing for you the case histories of a few patients, unfortunately in their absence, all of whom I have had the opportunity of examining, and who were at one time wrongly thought to be suffering from disseminated sclerosis. The diagnosis had in all cases been made firmly in the sense that it was no more provisional than one would expect in a disease for which there is no specific test and although, at the same time, not always reputably made, was in a few cases made with the highest possible authority.

The patients have been seen, from time to time during the past 6 or 7 years but for the sake of clarity I have transcribed the notes so as to read as if the patient was being interrogated and examined now.

Case I

The patient was a young married woman of 26. At about the age of 16 she began to suffer from migraine. The headaches which occurred on an average every three months were preceded by blurring of vision in the right eye and were in the later stages accompanied by vomiting. The attack lasted for several hours and the liability to such attacks lasted for a period of about two years. Shortly after the first attack of migraine someone told her she had developed a limp in the right leg. She noticed that she began to wear out the toe of her right shoe and that her right leg became stiff after undue exercise. She found that in typing she was unable to use her right hand with efficiency and so has become, for practical purposes, a left-handed typist.

A diagnosis of disseminated sclerosis was made and she was treated for six years with injections of arsenic until she developed dermatitis, hair change and pigmentation. More recently she has had injections of liver without any effect. She had been advised against marriage and against having children. She had ignored the first part of this advice and came under observation when seeking a second opinion regarding the advisability of having children.

On examination she had a mild right spastic hemiparesis without sensory impairment and an intracranial bruit.

An arteriogram was done and she was found to have a large left-sided cerebral angioma.

In March of this year she gave birth to twin boys in Victoria Ward.

Case II

The patient was a married woman aged 49 who had been well until two years ago apart from recurrent inflammation of the eyes. Then one morning, while combing her hair, the right arm became stuck so that she was unable to lower it. This was associated with pins and needles in the fingers of the right hand. A few minutes later the right arm could be lowered but the strength in the right hand was noticeably reduced. From then on her writing was different and she was unable to play the piano properly. The feeling of pins and needles in the fingers persisted. Apart from some variability in the usefulness of the right hand her condition remained stationary until a year later when she noticed some change in her speech, experiencing occasional difficulty in finding the right word or perhaps misusing a word—for example, if wanting a pen she might ask for a chair.

At first slight, this disability progressed and three months ago she had, for the first time, some difficulty in reading. Five weeks ago she suddenly developed right facial weakness which improved but did not completely recover during the next fortnight. She then went on holiday and her general condition improved greatly. At this stage an earlier diagnosis of disseminated sclerosis was confirmed.

One week ago her husband left home in the morning and his wife was as usual. An hour or so later her daughter went to see her and found her unable to say anything other than 'Doctor'. Some minutes later she could say 'Yes' and 'No' but

inappropriately. Comprehension was impaired and she was unable to indicate her needs. The right arm was useless.

On examination now she has a gross receptive and expressive aphasia, right spastic hemiparesis involving maximally the arm, which is totally paralysed, and the face and leg to a lesser extent. There is right-sided sensory disturbance involving all modalities.

This is clearly a vascular accident and arteriography later showed occlusion of the left common carotid artery.

Case III

A lady doctor aged 48 was in good health until 18 months ago. At that time she developed some numbness on the right side of the face, then some impairment of taste on the right side of the tongue followed, four or five months ago, by vertiginous attacks with dysequilibrium and tinnitus, always precipitated by movement. More recently she had become aware of slight right-sided deafness, headache and stiff neck. She came under observation with this story and a diagnosis of disseminated sclerosis.

On examination she had horizontal nystagmus on right and left lateral gaze, coarser and slower to the right. There was impairment of cutaneous sensibility in the distribution of the right trigeminal nerve and the right corneal reflex was depressed. Taste was absent over the anterior two-thirds of the right half of the tongue. Whisper was heard at 6 feet in the left ear but at only 3 feet in the right.

There was slight intention tremor in the right arm and leg and the right plantar response was extensor. There was no sensory impairment apart from delayed temperature recognition in the left forequarter. The gait was slightly ataxic and she was especially unsteady when turning.

Further investigation showed the caloric responses to be absent in the right ear and the C.S.F. to contain 120 mg. protein per cent. X-rays of the skull showed erosion and widening of the right internal auditory meatus.

A diagnosis of acoustic neuroma was made and confirmed later at operation.

Case IV

A young man aged 21 had noticed, about five months ago, difficulty in reading small print with his left eye. Looking, for example, at a calendar with his right eye he could see the figures to the right but not those to the left. Similarly, in reading with the right eye covered, he had difficulty in picking up the next line. The affected part of the visual field was not black but a blurred grey and within a few weeks this blurring spread to involve central vision so that he could never get an object clearly in focus with the left eye.

He was referred to hospital for an opinion and was subsequently told by his doctor that he suffered from a form of illness which in time might or might not lead to paralysis and he had a course of seven weekly injections of a reddish brown fluid into the leg. After the second injection he thought that his right eye had become involved. During the course of injections the vision in the left eye further deteriorated but the defect then receded slightly so that the field was exactly split in half and so it has remained. Vision in the right eye continued to deteriorate and he became practically blind in this eye, vision only being retained in the nasal part of the field.

On examination visual acuity in the right eye was reduced to finger counting and in the left was 6/12. He had a bi-temporal hemianopia with some additional involvement of the right lower nasal quadrant. Both fundi showed the appearances of primary optic atrophy, more advanced on the left. Neurological examination was otherwise negative but his skin was thought to be rather smooth and body hair scanty.

X-ray of the skull showed an expanded sella with the dorsum sellæ tilted backwards. The floor was depressed and the posterior clinoid processes were eroded. There was linear calcification above the dorsum sellæ and above the tuberculum. The conclusion was that: "The appearances are of a calcified intrasellar expanding lesion with suprasellar extension—a craniopharyngioma". This diagnosis was later confirmed at operation when a craniopharyngioma causing chiasmal compression was found.

Case V

A man aged 37 who had always enjoyed good health experienced, a year ago, double vision on looking to the right. This persisted for a few weeks and then cleared up. Shortly afterwards, however, he had double vision when looking in any direction. A diagnosis of disseminated sclerosis was made. Later he developed

weakness of the legs, especially noticeable when running upstairs, and this weakness eventually spread to the arms. Brushing his hair became difficult because his arms tended to sag and when walking he sometimes became so tired that he has fallen in the road. He had no dysphagia and no dysarthria but on examination it was quite clear that he was suffering from myasthenia gravis and this was confirmed by an injection of prostigmine.

Case VI

A nurse aged 25 came to hospital with an apologetic letter regretting the waste of everybody's time but the tiresome girl had insisted on another opinion when it had already been made abundantly clear to her that she was suffering from disseminated sclerosis.

The patient's story was that she had become unsteady on her feet ten months ago following which she had become gradually aware of weakness in the arms, on the right more than on the left. At the time she was doing district midwifery and for six months carried on, feeling that there was some excuse for feeling tired but reluctantly aware of a gradual deterioration so that writing and holding a cup of tea became difficult and combing her hair almost more, at times, than she could manage. Thus four months ago she sought medical advice which was to the effect that she was suffering from disseminated sclerosis. Some investigations were carried out at a nearby hospital which were held to confirm the diagnosis. She found this somewhat shattering in view of her knowledge of the probable outcome but she patiently sat back to wait for the remission which might enable her, for a time at least, to return to her chosen profession. Instead, however, she seemed to deteriorate further and for the last two months had, in addition, experienced queer sensations in her neck, feelings of constriction which at times seemed to choke her and make her feel sick. At the same time she noticed a stiffness of the neck which prevented free rotation to the right.

On examination the cranial nerves were normal. She had a spastic quadriparesis with slight impairment of pain and temperature sensation on the left and slight impairment of postural sense and of two-point discrimination on both sides but more marked in the right fingers and toes. Movements of the cervical spine were restricted on rotation and lateral flexion to the right.

X-rays of the cervical spine were normal and lumbar puncture showed the C.S.F. to be under normal pressure, with a free rise and fall on jugular compression, and to be entirely normal in composition with a negative Wassermann reaction.

Myelography, however, showed a large filling defect with a smoothly rounded margin at the level of the second cervical vertebra. At operation a large neurofibroma was found bursting out on the right side between the first and second cervical vertebræ and originating from the second cervical root. The tumour measured about 8 cms. in length, 3 cms. in diameter, and two-thirds of it was lying outside the spinal canal. The growth was completely removed and the patient made a good recovery.

These, then, are the cases and I would like now to consider how the wrong diagnosis came to be made. It was not that the symptoms of which the patient complained nor that the signs which were discovered on examination were not—or could not be—those of disseminated sclerosis. In fact, in about 30 per cent. of cases of disseminated sclerosis the presenting symptom is some disturbance of vision, in another 30 per cent. some difficulty with one or both legs, and in a lesser percentage the presentation is with weakness of an arm or with numbness of the face. But in seeking for accuracy in diagnosis one must look for features that are distinctive for a particular disease and not points shared in common with other diseases, as is here clearly the case.

The cases I have selected are also fairly representative of the clinical groups into which disseminated sclerosis is sometimes divided e.g. those with ocular disturbance, those with a hemiplegic onset, the brain-stem type and the spinal type, but although such groups are perhaps useful for descriptive purposes and for surveying the disease as a whole, they are clearly quite useless for making a diagnosis in the individual case.

It may seem hardly worth saying but the most important point in making a diagnosis of disseminated sclerosis is to demonstrate dissemination of the lesions. If I may take you back for a moment to the principles of diagnosis in clinical neurology, the first is to localize the lesion. This is done after a careful analysis of the clinical signs and the first question one puts to oneself is: "Can all the signs be

explained by a single focal lesion somewhere?"—even, might be added, one of some magnitude, such as an infiltrating cerebral glioma, or of some length like a syringomyelic cavity. If not, the next question is whether one must postulate scattered lesions or whether one is perhaps dealing with a so-called system disease where certain tracts are involved not focally but throughout their length—as, for example, in subacute combined degeneration of the cord in which the posterior and lateral columns are so involved. If one has, finally, to postulate scattered lesions the next question is whether the same pathological process is responsible for all the lesions—or for at least two of them. Only at this stage can one reasonably consider a diagnosis of disseminated sclerosis although it is still not the only possibility. We are concerned, however, with how not to make the diagnosis and if this principle had been applied in the cases under consideration one would have found that in every case except one a focal lesion could have been held responsible and that in the sixth case—myasthenia gravis—the disturbance was generalized rather than the lesions scattered. Further, had greater attention been paid to the possibility of a focal lesion, a more detailed examination of the girl with the angioma would have led to auscultation of the skull and the hearing of an intracranial bruit. A more careful consideration of the possibilities in the lady doctor with the acoustic neuroma would have shown the lesion to be of rather late onset and steadily progressive. A more careful analysis of the history and a more careful examination of the visual fields in the boy with a craniopharyngioma would have suggested a focal lesion which was compressing rather than demyelinating. Nor as you can see from this case and from the patients with myasthenia gravis and carotid occlusion is disseminated sclerosis the only nervous disease with remissions. In the case of the man with myasthenia gravis the diagnosis might well have been made if the only reliable criteria of myasthenia gravis had been looked for—namely, undue fatiguability and rapid recovery after rest. Lastly, the girl with the tumour of the spinal cord likewise had no evidence of disseminated lesions and a slowly progressive history. She represents only one of a number of conditions compressing the spinal cord which give rise to confusion and tumour may also have to be considered in the thoracic cord. Spondylosis, either of the thoracic or cervical spine, is a frequent source of difficulty and the diagnosis between cervical spondylosis and disseminated sclerosis is one of the commonest problems in neurology today. It is by no means easy and is sometimes impossible—in fact one patient whom I have had in this series of mistaken diagnosis of disseminated sclerosis and who was later thought to be suffering from cervical spondylosis and was operated on, turned out in the end to be suffering from disseminated sclerosis. The two conditions, both common, must of course sometimes occur together but there can be no doubt that the diagnosis often made in the past of disseminated sclerosis, of late onset, characteristically confined to the spinal cord and of good prognosis, has frequently been mistaken, the condition being really one of cervical spondylosis.

It has been said that clinical neurology is largely concerned with the differential diagnosis of incurable disease. This is manifestly untrue as these few cases demonstrate—a complete cure having been achieved in one case, a 30 per cent. chance of a cure having been given to the man with myasthenia gravis by the operation of thymectomy and relief for some and perhaps for many years to the patient with acoustic neuroma who had an intracapsular removal rather than a total excision. Unfortunately the boy with a craniopharyngioma died as a result of operation and although nothing could be done in the way of a cure for the patient with occlusion of the common carotid artery, a successful operation for occlusion of the internal carotid artery in the neck has recently been performed and there is no doubt that in the future other cases will be offered the chance of cure if correctly diagnosed and otherwise suitable. The angioma was considered inoperable, cheifly because it was large and also in the dominant hemisphere, but many angiomas are operable. In this patient's case the advice about having children may have been the same even if the diagnosis of disseminated sclerosis had not been confirmed and the lesion which she was found to have is not necessarily a more favourable one, but surely there is some virtue in precision of diagnosis.

And even if neurology was largely concerned with the diagnosis of incurable disease, is that such a dreadful and degrading thing as the comment would seem to imply? Diseases are surely not going to remain incurable for ever and when a cure becomes available a disease will have to be recognized before it can be cured. Subacute combined degeneration of the cord is an example which comes to mind. The classical paper on the subject was published in 1900 and although the observations at that time were incomplete the clinical picture had been polished up by the time

liver treatment was discovered in 1926 so that the therapy could be immediately and appropriately applied.

Let me exhort you therefore to strive for precision in diagnosis so that you may not overlook some curable condition and not be ashamed to arrive accurately at the diagnosis of a condition at the moment incurable.

In conclusion, with reference now to my theme, there will be occasions when the clinical picture with which you are presented will enable you, with as great accuracy as can be achieved when there is no absolute proof, to make a diagnosis of disseminated sclerosis. There will be occasions when you find yourself dealing with a focal lesion of such a nature—for example, a recovering unilateral retrobulbar neuritis or a remitting paraplegia in a young person—that the diagnosis of disseminated sclerosis seems likely. You may be dealing with a focal lesion that might suggest other disease—and whether further investigation is done must depend on other factors that I cannot now enter into—but will in the end turn out to be disseminated sclerosis. In all these doubtful cases, no matter how slight the doubt, I would urge you not to make the diagnosis and perhaps not even to query the possibility so that when the patient attends for observation with new symptoms or signs, they are not added to a preconceived diagnosis of disseminated sclerosis, with which they will often fit, but are considered entirely on their own merits.

If, therefore, in circumstances of this nature where the diagnosis remains in doubt, you find yourselves tempted to make a diagnosis of disseminated sclerosis, I would ask you to accept the same advice as Mr. Punch once offered to those about to marry—"DON'T".

SPORTS DAY, 1957

Saturday, 1st June, saw the revival of this annual event in a manner which exceeded the wildest hopes of its most optimistic organizers. No less than 1,000 people passed through the Honor Oak Park turnstiles. This was a welcome change from the apathy which has developed during the post-war years. Under a kindly sun the colourful spectacle of the crowd dispelled the sense of desertion which has characterized many functions during both winter and summer in recent years. One felt that this attendance was for once worthy of the Hospital.

The festivity of the occasion was accentuated by the Band of the Honourable Artillery Company and by numerous side-shows, at which those no longer able to get into their running shorts were to be seen testing their skill. Having nobly desisted for an hour while the serious athletic business of the day was completed, the side shows did a roaring trade. From the raucous behests of Mr. Max Lindsay to bowl for the pig one could escape to an élite band surrounding Dr. Kenneth Allanby and await his ever ready instruction on the correct manner of playing an approach shot to equal Bobby Locke. The Archers were beseiged by the more adventurous who found how difficult it was to hit a ten shilling note with an arrow even at the apparently short range of 20 yards. Coconuts, hoopla, and Treasure Trove were as popular as ever, while numerous children queued for magnetic fishing—to your observer their fantastic skill in raising invisible fish from the depths of blue bowls with inadequate magnets was proof positive of superiority over the adjacent fumbling parent who was frequently informed that his offspring had " hooked four already, Daddy ". The packed prize stall was surrounded by winners who all showed marked preference for the numerous delightful toys kindly given by Mr. Jack Stephens.

Unfortunately the temperament of the children's pony was not suited to the music of the Honourable Artillery Company and after several aspirants who had paid for a quiet ride were subjected to an equestrian dance on the hind legs only

it was deemed wiser to despatch this hot foot back to his stable. The planned display of dancing came later in the afternoon when the Reel Club displayed several traditional dances. In their colourful tartans and to the accompaniment of the usual whoops from the crowd they made a most attractive picture. During the latter part of the afternoon the Fencing Club gave an interesting display. The Balloon Race was a source of bewildering amusement to most of the young visitors and the intriguing spectacle of the effortless climb to eternity resulted in the despatch of several hundred of these ethereal messengers. Most of them seem to have gone South for a few miles and it seems odd that the winner to date has gone one hundred miles further in exactly the opposite direction. We are amazed at the variation of the air currents. Could it be perhaps that the co-operation of a distant relative has been gained by the promise of a share in the prize money? We wonder.

At six o'clock the whole show had to be stopped with some reluctance. In view of the frequent complaints that there was " almost too much going on " one felt it might well have continued for another hour. However the success of the occasion left little doubt that visitors from all parts of the Hospital had enjoyed themselves and having been re-established as an event of some standing we hope Sports Day will be patronized by more and more guests each year. While the serious athletics were responsible for several admirable displays—a report is given on page 271—we feel that the prowess of this small band accentuates the general lack of support of athletics. Perhaps next year will see more support.

Our thanks are due to all those who very kindly gave their time to organizing and helping with the individual events of the day.

F.G.E.

ART EXHIBITION

PHOTOGRAPHIC SECTION

It was good to see the exhibition of amateur photography held by the Photographic Society in the Gordon Museum. One hundred and four exhibits from the staff, students, technicians and the Hospital Works Department provided reassuring evidence that there are still those prepared to devote time and effort to support what one hopes will be an annual event.

Looking at the show I was surprised to see that so many of the prints were poorly mounted, and often the choice of mounting was lacking in a sense of fitness for the subject matter. It seems a great pity to spoil a good negative by lack of attention to such details. Here and there it was obvious that someone still needed to acquire the necessary skill to achieve even development of large size prints. The subject matter varied from cats to comets and a not inconsiderable number of the exhibits would have much improved by the exclusion of more of the original negative.

It would be unfair to select any one work as the best in the show, but of its kind "Apéritif" by F. Huthwaite was technically first rate and apart from a small criticism directed at the background was very well composed. Of the portraits S. Contractor's "Mehru" deserves high praise, careful lighting and a pleasing pose combined to give a most expressive picture. By comparison Wilmshurst managed to adopt a lighting plan that cruelly flattened his model's features. Not quite in the same category but equally devastating was Wirk's representation of "The Little Mermaid"—she certainly never deserved to be quite so crudely "dodged". Delightfully simple was a small work "Israel 1955" by H. Pels. M. H. Gregory's "Three Paris Sketches" were arresting in their somewhat stark realism but one wonders whether the mount was entirely suitable. The merit of the box camera was quite well demonstrated by S. Creegan especially with the view of a ruined monastery. Continuing his continental tour Wirk managed to find an unusual approach to Notre Dame and made effective use of the overhanging branches of a tree to frame his picture. In the "Paps of Glencoe" E. S. Robertson captured a scene of beauty and tranquillity and presented it in a most pleasing fashion. No doubt Bavington derived much satisfaction from the combination of clouds and peaks in "Evening Matterhorn", so also did I. The fact that J. Ransome-Wallis's study in light and shade at the "Ocean Terminal, Southampton" did not quite succeed was compensated by a delightful study of "Cinque Terre". I was in-

trigued by D. A. Sabel's unusual mount for his view of shipping and fascinated by I. S. Muir's "Water Colours".

There were two quite unique contributions to the exhibition. R. L. Waterfield's pictures of the comet were striking examples of the work of a highly skilled specialist. Equally striking but in a different fashion were the prints of "Christmas, 1912" from the Department of Medical Illustration; obviously the 1912 photographer processed his plates with a degree of care that is an object lesson to many of us today.

One final word to the organizers for the future. Could we have a little more room in which to view the works—a step backwards meant sitting in a chair—and is it possible to have something a little more attractive for the display boards?

R.W.S.

EDITOR'S NOTE.—*A review of the painting and sculpture has been received too late for publication in this issue, and will appear in the next.*

Twenty-Five Years Ago

From Guy's Hospital Gazette, 25th June, 1932.

The usual placid atmosphere of the Residents' room has been somewhat ruffled recently by a disquieting rumour. It is to the effect that a scheme is under consideration for the appointment of resident anæsthetists. These officers, it is suggested, will, among their other duties, be responsible for those anæsthetics which until now have always fallen to the lot of the ex-house surgeon.

With the introduction of Surgical Registrars some 20 years ago, the appointment of house surgeon, viewed from a purely practical aspect, was shorn of some of its attraction. Nevertheless, of the many advantages which this office still possesses not the least valued is the opportunity it affords the holder of becoming an experienced anæsthetist.

We cannot help feeling that the transference of the administration of these anæsthetics to other hands would greatly detract from the value of the appointment, converting it into a post in which power of organization is cultivated to the exclusion of technical ability. Present and future house surgeons would be glad to learn that this rumour in common with so many of its fellows, is entirely groundless.

Sixty Years Ago

From Guy's Hospital Gazette, 19th June, 1897.

Some dissatisfaction has been expressed in the hospital at the action of the authorities, who in re-naming Addison ward, have been supposed to cast a slight on the memory of a great physician, who is rightly honoured in Guy's for his immense worth as a man, as well as for his achievements as a leader of medical thought and science. It will be noticed however that, in accordance with invariable custom, female wards are named after women, and male after men ; and that as *Addison* ward is henceforward to be the obstetric ward of the hospital, its name must necessarily be changed. We have good reason, however, to believe that when " Old Mary " ward is again in use, since it will probably be used for men, it will be re-named after Addison, whose memory the authorities, like ourselves, would well wish to keep perpetually green.

HOSPITALS' SYMPHONY ORCHESTRA

A Concert has been arranged for Wednesday, 26th June, at 7.30 p.m., to be held in the Library, St. Mary's Hospital Medical School, Praed Street, Paddington.

The programme is :—

Verdi: Overture, *Nabucco*
Wagner: Siegfried Idyll
Beethoven: Piano Concerto No. 2 in B flat
Sibelius: Symphony No. 1 in E minor

Soloist : Lionel Bowman Conductor : Leo Quayle

Tickets, price 7/6, 5/- and 3/-, may be obtained from Mr. Alasdair Kerr of the Department of Dental Medicine.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Hospital Telephone Service

SIR,—Most "letters to the Editor" concern themselves with complaints of one kind or another. It is therefore a pleasure to ask you to devote a little of your space to an appreciation of our hospital telephone service. Experience has shown the exchange of the average hospital to be somewhat slow and inefficient. Guy's, however, can be proud of telephone operators who are invariably courteous and helpful. They would, without a doubt, be champions in any competition for speed and accuracy.

Yours etc.,
C. E. ENGEL.

Department of Medical Illustration,
Guy's Hospital, S.E.1.

Day Sister and Night Nurse

SIR,—Guy's men and women far and wide will have been as delighted as I was on opening the *Sunday Times* of 10th March to be confronted by a fine photographic study by Roger Mayne depicting that moment at Guy's—identification of my *alma mater* presented no difficulty—when the day sister hands over to the night nurse as they stand on either side of a patient receiving a blood transfusion. Flanked by the sorry story of the trials and frustrations of the day—the manœuvring of Nasser, the atom bomb, petrol rationing, and so on—this photograph presents a picture of sanity, calm, and charity, and goes far towards redressing the balance as between the debit and credit sides of civilization's achievements. I have asked for a finished print of the photograph, and having offered my congratulations to the *Sunday Times* and to Mr. Mayne, it only remains for me to extend these to the ladies who were the subject of the study, and to those at Guy's responsible for a happy choice.

Yours, etc.,
E. A. PENNY.

Newtown House,
Beaminster, Dorset.

Gramophone Recitals

SIR,—May I bring to the attention of your readers that there is a gramophone recital of classical music every Thursday at 1 p.m. in the Quiet Games Room of the Newcomen Street Students' Buildings. May I emphasize that all members of the Hospital are invited. The programme will be advertised each week in the Medical School on the notice board at the entrance.

Yours etc.,
M. A. McL. BAILEY,
Hon. Secretary of Music Club.

Guy's Hospital,
London, S.E.1.

NOTICE

ART SOCIETY

The first General Meeting of Guy's Hospital Art Society will be held at 1.0 p.m., on 27th June, in the Physiology Lecture Theatre. As it will be necessary to propound rules, elect officers and discuss future arrangements for the society, all persons interested are urged to attend.

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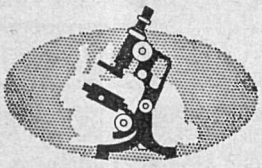

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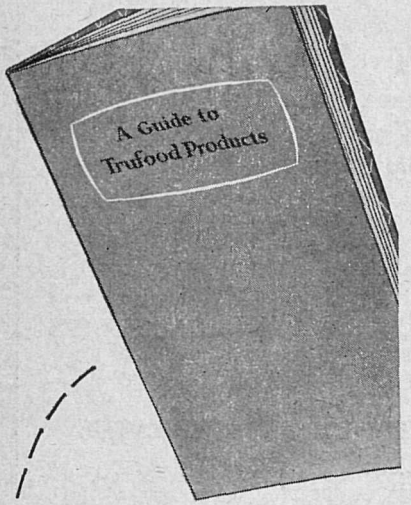

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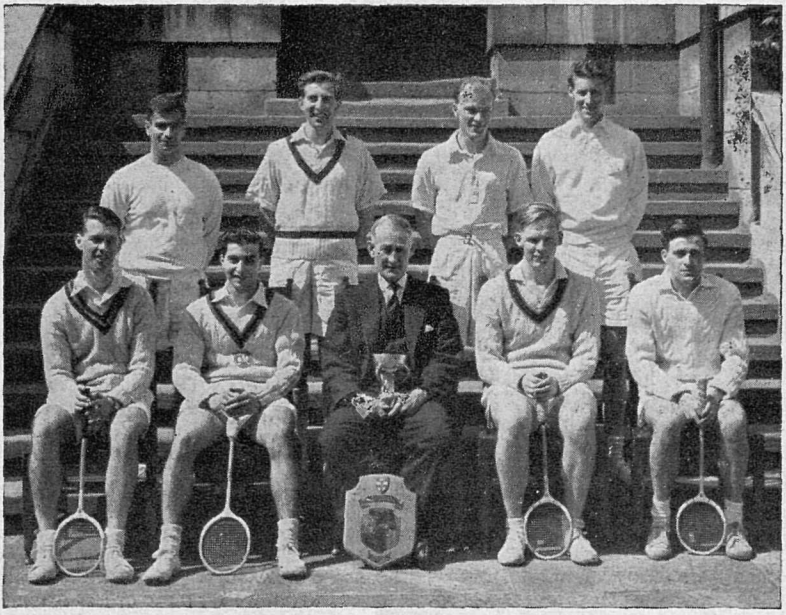
GUY'S HOSPITAL SQUASH RACKETS CLUB
1956-57
Winners of the Yglesias Trophy and the " A" team Inter-Hospitals Cup



GUY'S HOSPITAL HOCKEY CLUB 1956-57
Winners of the Inter-Hospitals Cup

SPORT

KEY TO PHOTOGRAPHS ON PAGE 267

SQUASH RACKETS CLUB

Standing (L. to R.) *A. F. Gazdar, W. Whitrow, B. A. O. Binns, D. L. Hall*
Seated P. C. Shaw, S. J. S. Lam (Capt.), Dr. C. G. Baker (President), W. D. Callum (Hon. Sec.), G. M. Davies.
Absent: R. W. Elsdon-Dew. K. I. Mackenzie.

HOCKEY CLUB

Standing (L. to R).
D. Laney, M. Morgan, J. Dyde, K. Nicholson, D. Bevan-Thomas, M. Blake. A. Mackenzie.
Seated
H. Tuddenham, B. Foster, The late A. Bulleid, Esq., M. Woodman, J. Millar.
(Capt.) (President) (Vice-Capt.)

RUGBY FOOTBALL
The Coming Season

By A. BUIRSKI, Captain-Elect for 1957-8

It has been suggested to me that a contribution of this nature should be sent to the *Gazette* for a number of reasons.

Everyone, I am sure, will agree that the Rugby of Guy's Hospital is at the cross-roads. At the moment we are at the stage where we can quite easily sink into oblivion as a mere second-rate side, or we can, with a tremendous effort re-assert ourselves as a first-class club. It is not many years ago that Guy's was recognized as one of the leading teams in the country and the Guy's fixture was one of the most coveted. I think the gentleman who arranges the fixtures could tell a completely different story as things are nowadays. We breathe inward sighs of relief, when, after losing heavily to Aberavon, we are more or less reassured by the President of their club that " We look forward to the annual match against Guy's ". Almost every 1st XV player has been warned to avoid heavy defeats, as for example losing by such a large margin to Cambridge University. Such defeats as we have experienced recently go very much against the grain and I think something should be done about it, both by players and non-players.

The fact that we have won the Hospitals Cup only once during the past ten years is a pretty good indication that something is wrong. I have been at the Hospital for only two years, but I think the deterioration of our rugby can be put down to the following reasons:

1. Apathy amongst many of the rugger—playing members of the Hospital. A fair number of the players regard the rugger club as a means of having a pleasant run-round on a Saturday afternoon. When the novelty has worn off and winter has really set in, or when more pressing engagements, social or otherwise, demand more of their time they pack up. Fortunately, this sort of thing is not general and many players turn up to practices regularly throughout the season. However, the fact is that the number of available players dwindles considerably as the season progresses, not solely due to injuries. All rugger players should be prepared to make sacrifices for their club throughout the season.

2. Lack of internal discipline. At the moment it is the easiest thing in the world for players to place " V.S." against their names on say, the Thursday, or even on the Friday, before the game. Their reasons may be quite genuine but the fact is that they are never asked to account for their defaulting, or even why nobody was notified earlier. I am hoping that the Selection Committee which was brought into being at the Annual General Meeting will also act as a " Disciplinary Committee " to deal with such and similar cases ; for example, where recognized first team players repeatedly fail to turn out for the Wednesday afternoon practice without adequate reason.

3. Lack of fitness. I am sure that very few rugger players in the club were able to produce during the past season a 100% maximum effort for the full 80 minutes that the average game lasts. So many games were lost during the last ten or fifteen minutes of the game which could have been won. Had we been fit our record for last season may well have been 20 games won and 10 lost. It is not the fault of any one person—no doubt we are all equally to blame.

The problem now is what is going to be done about improving the position. Well, I think the idea will be to start training at the beginning of August so that by the time the season starts we shall all be really fit. With fitness as a foundation we will then be able to practise, develop and exploit a system of attack and a well-nigh infallible system of defence based on Danie Craven's coaching methods, with which I happen to be familiar.

This may not prove too difficult because I think the majority of the rugger players are anxious to make a fairly early start with training. However, the thing that really counts has to come from the players themselves. The sense of responsibility which each rugger player feels towards his team, his club and ultimately his Hospital is commonly called " team spirit ". If we can develop a powerful team spirit in our rugger club during the coming season, we shall have gone a long way to solving our problems. One does not just pick it up, however. Acquiring and keeping a team spirit always involves making sacrifices not because one is forced to, but because one's conscience compels one to. The " sacrifices " I am thinking of are the long weeks of training before the season starts, not going to a dance on the night before an important game, or generally speaking doing anything that may be the cause of leaving the team in the lurch.

This may be rather a lot to expect but I do not think that anyone who really loves Guy's Hospital will mind making sacrifices on its behalf.

Therefore, success could be achieved by an excellent team spirit, a high standard of physical fitness, an effort on the part of all players to reach the top grade, and lastly, but very important, the support of everybody who has the interests of Guy's Hospital and its rugby football club at heart.

CRICKET

Hospital Cup 2nd Round
Guy's *v.* Middlesex

At H.O.P. Result—Won. 5th June, 1957

Guy's, having won the toss, chose to bat on a wicket firm but somewhat green, a factor which led our batsmen to experience some difficulty in the period of play before lunch. Tuddenham and Pagliero were both dismissed before 50 had been reached but Morgan and Elsdon-Dew survived until lunch when the score had reached 84 for 2 wickets.

After the interval we were privileged to see much more fluent batting, both batsmen scoring freely off all five bowlers tried by our opponents. With the score at 226 Elsdon-Dew, just after completing his century, was caught at the wicket. The partnership had put on 184 runs in under 2½ hours.

Morgan was joined by Dyde and completed his century almost at once, but with the score at 254 he was caught at cover. Dyde and Drury took the score to 267 at which total the innings was declared.

The Middlesex had 210 minutes to exceed this total and at no time in their innings did they fail to accept the challenge. They lost two quick wickets, both to Dyde, but then Holroyd and Thompson had a third wicket partnership of 85 before Holroyd was bowled by Banks for 52. Johnson, the Middlesex captain, was very soon out to Morgan, and Parker joined Thompson. The scoring increased considerably until Clark bowled Thompson for 73. Parker continued to score rapidly and with 20 minutes of play left the Middlesex total reached 200 for 7 wickets. At this stage a draw seemed to be the most likely result but the hard hitting Parker was tempted by Morgan, and Drury held a very good catch on the lay off boundary. The last two wickets fell to Dyde and Guy's had won a truly excellent game by 49 runs within 10 minutes of the close of play.

The statisticians may care to note the following : Morgan's century was completed in 3 hours and included a 6 and fourteen 4's.

Elsdon-Dew scored his century in 2 hours 20 minutes hitting seven 4's.

Guy's

K. M. Pagliero, c. Holyroyd, b. Guyer	26
H. M. Tuddenham, c. Young, b. Parker ..	3
M. N. Morgan, c. Thompson, b. Parker ..	107
R. W. Elsdon-Dew, c. Holroyd, b. Johnson	103
J. A. Dyde, not out	14
P. M. E. Drury, not out	2
S. J. S. Lam, R. G. Bury, T. D. Eustace, T. J. H. Clark, P. Banks, did not bat.	
Extras	12
Total for 4 wickets declared	267

Bowling	O.	M.	R.	W.
Parker	26	6	103	2
Guyer	17	7	36	1
Hennessey	12	2	38	0
Johnson	14	0	50	1
Thompson	4	0	27	0

Middlesex

P. Holroyd, b. Banks..	52
R. Lush, b. Dyde	9
J Young, b. Dyde	0
G. W. Thompson, b. Clark	73
A. D. S. Johnson, l.b.w. b. Morgan ..	1
P. Parker, c. Drury, b. Morgan	38
D. Hamilton, b. Clark	8
M. Weir, l.b.w. b. Morgan	2
M. Tuck, b. Dyde	6
T. Hennessey, hit wicket, b. Dyde	8
J. Guyer, not out	6
Extras	15
Total for 10 wickets	218

Bowling	O.	M.	R.	W.
Morgan	24	1	95	3
Dyde	18.2	9	47	4
Drury	1	0	6	0
Banks	5	0	25	1
Clark	7	1	18	2
Bury	3	0	17	0

Guy's *v.* Catford Wanderers

At Southend Lane. 1st June, 1957

Result—Drawn

Guy's

K. M. Pagliero, b. Hook	52
H. M. Tuddenham, c. Thompson, b. Barrell	37
R. W. Elsdon-Dew, c. Fricker, b. Gavin	50
J. A. Dyde, c. Gavin, b. Meads	61
P. M. E. Drury, st. Anderson, b. Gavin	1
S. J. S. Lam, c. Nixon, b. Barrell	5
J. D. Eustace, c. Barrell, b. Gavin	1
T. J. H. Clark, not out	1
R. G. Bury, c. and b. Meads	4
P. Banks, run out	0
D. Wright, st. Anderson, b. Meads	0
Extras	3
Total for 10 wickets	215
Catford Wanderers for 6 wickets	146

Bowling	O.	M.	R.	W.
Drury	13	5	24	2
Dyde	16	2	50	3
Banks	8	0	49	0
Pagliero	2	0	6	0
Clark	3	0	11	1

Guy's *v.* Dulwich Hamlet

At H.O.P. 9th June, 1957

Result—Match abandoned, rain

Guy's

K. M. Pagliero, c. De'Ath, b. Goddard	33
H. M. Tuddenham, c. De'Ath, b. Adams	8
M. N. Morgan, c. Gornall, b. Andrews	24
P. M. E. Drury, c. and b. Whitworth	27
T. J. H. Clark, l.b.w. Goddard	0
A. P. A. Trayling, b. Joyce	5
E. Barker, b. Goddard	2
J. D. Eustace, b. Goddard	0
J. Lane, run out	2
J. P. Lee-Potter, run out	0
J. R. Norman, not out	0
Extras	17
Total for 10 wickets	118
Dulwich Hamlet for 2 wickets	31

Bowling	O.	M.	R.	W.
Morgan	6.4	2	7	1
Drury	6	0	22	1

Guy's *v.* Crofton Park

At H.O.P. Result—Won. 10th June, 1957

Guy's have not beaten Crofton Park for some time, and today's victory by 68 runs was largely due to the superior use that Guy's bowlers made of a rain-affected wicket, and to a captain's innings by Morgan. Guy's were put in to bat, and the early batting was disappointing, wickets falling at regular intervals. Morgan, however, remained steadfast, and Clark helped in a valuable 8th wicket partnership. In spite of being hit on the head by a sharply rising ball, Morgan completed 50 and was last out, attacking the bowling, to a remarkable one-handed catch behind the bowler. When Crofton Park batted Guy's captured the first wicket in the second over and the bowlers remained on top. Dyde, bowling extremely accurately and swinging the ball in late, and Morgan, making the ball lift sharply from a good length at brisk pace, were extremely difficult to contend with, and no batsman got settled. The bowlers were well supported in the field, Eustace and Morgan taking excellent catches, and Dyde's analysis of 6 for 8 in 21 overs speaks for itself.

Guy's

K. M. Pagliero, c. Williams, b. Thorpe	12
J. R. Norman, c. Fidler, b. Thorpe	5
M. N. Morgan, c. Martindale, b. Parkinson	65
J. A. Dyde, c. Nankwell, b. Thorpe	0
P. M. E. Drury, c. Nankwell, b. Fidler	2
S. J. S. Lam, b. Fidler	0
R. G. Bury, c. Fidler, b. Martindale	1
J. D. Eustace, b. Thorpe	3
T. J. H. Clark, c. Nankwell, b. Thorpe	15
J. Lee-Potter, c. Bishop, b. Thorpe	0
M. J. Woodman, not out	0
Extras	7
Total for 10 wickets	110
Crofton Park for 10 wickets	42

Bowling	O.	M.	R.	W.
Lee-Potter	5	2	9	0
Dyde	21	17	8	6
Morgan	16	8	19	4

Guy's 2nd XI *v.* Crofton Park 2nd XI

At H.O.P. Result—Lost. 1st June, 1957

Guy's for 10 wickets (J. R. Norman 22, T. Francis 20)	129
Crofton Park for 5 wickets	131

Guy's 2nd XI *v.* Catford Wanderers Strollers

At H.O.P. Result—Won. 8th June, 1957

Catford Wanderers Strollers for 10 wickets (J. Kelly 8 for 11).	89
Guy's for 6 wickets (J. Kelly, 20 *not out*)	92

ATHLETICS

1957 Inter-Hospitals Championships

Winners—Guy's Hospital

The 79th Annual Inter-Hospitals Championship was held at Motspur Park, on Saturday, 15th June, in blazing sunshine and a fair breeze.

The Hospital, the holders, entered a very strong team and won by a margin of 47½ points over St. Mary's with 118½ points to 71 points; St. Thomas's were 3rd with 56 points.

Guy's had six individual winners and won both the sprint and medley relay. C. E. Evans won the 100 yards, getting off to a superb start, with 10.4 secs. J. F. Groves won both 220 yards and 440 yards with 23.0 secs. and 50.1 secs. respectively. R. B. Huddy won the 880 yards in 1 min. 58.2 secs. R. G. Notley won the 440 yards hurdles in 58.0 secs. D. E. Williams won the hop, step and jump with a new championship record of 45 feet 6 ins., 1 foot 4 ins. further than the existing record. Guy's won both relays, the 4 x 110 yards from St. Mary's in 44.3 secs. and the one mile medley relay by four yards from St. Mary's in 3 min. 40.2 secs; J. F. Groves making up almost a ten yard lead by M. Wotton of St. Mary's to overtake him in the last fifty yards.

Although Guy's had a large share of the medals the championship was won by excellent all-round backing up, and it is significant that they scored points in all twenty events. Groves and Evans were placed in 100 yards and 220 respectively, Huddy in the 440 yards, J. Robertson in the 440 yards hurdles, Notley in the 120 yards hurdles, Williams in the High Jump and Long Jump, R. T. Hawley in the Long Jump, D. H. Gibb in the Pole Vault and Hop, Step and Jump, G. M. Edwards in Hammer, Discus, Javelin and Pole Vault, J. Rickett in the Steeplechase, Mile and Three Miles, A. J. Parratt in Mile and Three Miles and W. F. Jaworski in the Shot Putt.

Finally, the tug-of-war team pulled manfully against an extremely well-trained St. Thomas's team to be runners-up.

RESULTS

1st Guy's Hospital	118½ points
2nd St. Mary's Hospital	71 points
3rd St. Thomas's Hospital	56 points

100 *yards:* 1st C. E. Evans 10.4 sec., 3rd J. F. Groves.
220 *yards:* 1st J. F. Groves 23.0 sec., 3rd C. E. Evans.
440 *Yards:* 1st J. F. Groves 50.1 sec., 6th R. B. Huddy.
880 *Yards:* 1st R. B. Huddy 1 min 58.2 sec.
Mile: 3rd A. J. Parratt, 5th J. Rickett.
3 *Miles:* 2nd J. Rickett, 3rd A. J. Parratt.
1½ *Mile Steeplechase:* 2nd J. Rickett.
120 *Yards Hurdles:* 6th R. G. Notley.
440 *Yards Hurdles:* 1st R. G. Notley 58.0 sec., 5th J. M. Robertson.
High Jump: 3rd equal D. E. Williams 5 ft. 6 ins.
Long Jump: 2nd D. E. Williams 22 ft. 3 ins., 3rd R. T. Hawley 21 ft. 7½ ins.
Hop, Step and Jump: 1st D. E. Williams 45 ft. 6 ins. (Record), 5th D. H. Gibb 40 ft.
Shot Putt: 5th W. F. Jaworski, 36 ft.
Discus: 2nd G. M. Edwards 117 ft. 2 ins.
Javelin: 5th G. M. Edwards 167 ft.
Hammer: 2nd G. M. Edwards 112 ft 3 ins.
Pole Vault: 3rd G. M. Edwards 10 ft., 4th D. H. Gibb 8 ft.
4 x 110 *Yards Relay:* 1st Guy's 44.3 sec. (Groves. Evans, Hawley, Gibb.)
Mile Medley Race: 1st Guy's 3 min. 40.2 sec. (880 Huddy, 220 Hawley, 220 Evans and 440 Groves.)
Tug-of-War: Runners-up Guy's. (A. Lees, B. Ross, G. Hayes, C. Rowland, A. Buirski, R. May, G. Williams, W. Callum.)

Guy's *v.* St. Thomas's Hospital

At Cobham. 22nd May, 1957

Won by 52 points to 50

There was also a match *versus* St. Thomas's Hospital, which was won by a narrow margin, by virtue of St. Thomas's having no milers to compete. D. E. Williams won both high and long jump, G. M. Edwards, won the discus and javelin, A. J. Parratt won the 880 yards and J. M. Robertson won the 440 yards. The relay team, at half-strength, lost for the first time this season.

RESULTS

100 *Yards:* 3rd D. H. Gibb.
220 *Yards:* 2nd D. H. Gibb, 3rd R. A. Deudy.
440 *Yards:* 1st J. M. Robertson, 3rd A. H. Binsted 54.5 sec.
880 *Yards:* 1st A. J. Parratt 2 min. 3.4 sec.
Mile: A. J. Parratt and R. W. Willé—walk over.
120 *Yards Hurdles:* 2nd A. H. Binsted, 3rd J. M. Robertson.
High Jump: 1st D. E. Williams, 3rd D. Pickering 5 ft. 3 ins.
Long Jump: 1st D. E. Williams, 3rd D. H. Gibb 20 ft. 3 ins.
Discus: 1st G. M. Edwards 112 ft. 5 ins.
Javelin: 1st G. M. Edwards, 3rd D. Bryant 152 ft.
Shot Putt: 3rd G. M. Edwards.
4x110 *Yards Relay:* 2nd Guy's 48.0 secs.

SPORTS DAY

The athletic events of the 1957 Annual Sports were, as befitted the occasion, of a very high standard, with three new Sports Day records and an all round excellent performance.

The sports started on Thursday evening 30th May, with five events for which there was no time on Saturday. A. J. Parratt ran a fine solo two miles to put up a new record time of 9 min. 42.6 sec., 10.7 sec. better than the previous record, which he set up last year. D. E. Williams broke his own record in the Hop, Step and Jump, with a distance of 42 ft. 6½ ins. G. M. Edwards won the javelin and pole vault and J. M. Robertson won the under 21 880 yards.

On Saturday the events were started with the 100 yards, won by C. E. Evans, who later won the 220 yards ; in this race P. B. Hildreth gave an exhibition of low hurdling in the inside lane. A. J. Parratt won the 880 yards and later the mile, in which he again ran virtually alone. In the field W. F. Jaworski won the shot putt, G. M. Edwards won the throwing the discus and D. E. Williams won the high jump ; in this he jumped 5 ft. 9 ins., breaking the 22 year old record by 2 ins. R. T. Hawley won the long jump from Williams, both jumping over 21 ft. J. M. Robertson won the 120 yards hurdles and was the first Hospital man home in the 440 yards, which was won by P. B. Hildreth, not hurdling this time. Finally the Clubs Relay was won as always by the Rugby Club in 46.1 secs., ahead of a visiting team, The Fallopian Four, from St. Thomas's, clad in vests of intense and varied hues.

J. M. Robertson won the Clement Lucas Cup for the Victor Ludorum with 22 points, 3 points ahead of G. M. Edwards.

The serious events over, the large crowd joined battle in the still serious, but less athletic, events. The sack race proved so popular that it had to be divided into two, one for children and an open race. The former was won by Brian Dredge, and R. T. Hawley successfully defended his title in the open race. The ladies' race was a dead-heat between Miss Lawrie and Miss Taylor. The Housemen's Hundred was extended to registrars and a field of about twenty runners were loosed towards the tape ; a certain amount of shoulder and elbow-work was observed and the judges, a highly respectable and impartial body of men, were forced to disqualify a number of people for running off the track and declared Miss E. M. Bray the winner ! A competent Medical team defeated the Dental team in the Tug-of-War by two straight pulls. Masses of children were assembled for the children's race and all ran with great energy, particularly the young lady seen moving from her handicap position forty yards ahead in completely the wrong way. Anthony Lewis won the under-eight race and Peter Chivialle the over-eight. The open three-legged race was won by Miss B. Webb and J. Wolfle and the children's race by Miss Barry and Miss Reinhold. Finally the Beer Relay, won by the Barrel Boys at remarkable speed, was splashed through.

Mrs. D. Stafford-Clark presented the prizes and Mr. J. S. Tomkinson, the President, and R. T. Hawley, the Captain, spoke. Finally the band of the Honourable Artillery Company were allowed to play the National Anthem after one false alarm.

The Athletic Club wishes to take this opportunity to thank the judges, Mr. C. H. Moor the announcer, Mr. J. G. Holmes-Smith the starter, and the track and field stewards for giving up their afternoon to help the events run off so smoothly.

RESULTS

100 *yards:* 1st C. E. Evans 10.1 sec., 2nd R. T. Hawley, 3rd D. H. Gibb.
200 *yards:* 1st C. E. Evans 23.2 sec., 2nd R. T. Hawley, 3rd D. H. Gibb.
440 *yards:* 1st J. M. Robertson 53.1 sec., 2nd J. Leyshon, 3rd A. J. Parratt.
Under 21, 880 *yards:* 1st J. M. Robertson 2 min. 12.1 sec., 2nd E. Young.
880 *yards:* 1st A. J. Parratt 2 min. 1sec., 2nd J. Rickett.
One mile: 1st A. J. Parratt 4 min. 33.1 sec., 2nd J. Rickett.
Two miles: 1st A. J. Parratt 9 min. 42.6 sec. (Record).
120 *yards hurdles:* 1st J. M. Robertson 16.3 sec., 2nd R. G. Notley, 3rd D. E. Williams.
Long jump: 1st R. T. Hawley 21 ft. 10 ins., 2n D. E. Williams, 3rd D. H. Gibb.

High jump: 1st D. E. Williams 5 ft. 9 ins. (Record), 2nd G. M. Edwards, 3rd J. M. Robertson.
Hop, step and jump: 1st D. E. Williams 42 ft. 6½ ins. (Record), 2nd D. H. Gibb, 3rd G. M. Edwards.
Pole vault: 1st G. M. Edwards 10 ft. 3 ins., 2nd D. E. Williams, 3rd D. H. Gibb.
Javelin: 1st G. M. Edwards 151 ft. 10 ins., 2nd J. M. Robertson, 3rd D. E. Williams.
Discus: 1st G. M. Edwards 107 ft. 11½ ins., 2nd D. Bryant, 3rd J. P. Lee-Potter.
Shot putt: 1st W. F. Jaworski 33 ft. 8 ins., 2nd J. M. Robertson, 3rd A. Knight.
Clubs' Relay: 1st Rugby Club 46. 1 sec, 2nd Fallopian Four, 3rd Tankards.

FENCING

Guy's *v.* Bexley Heath

24th May, 1957

The ladies' match against Bexley Heath Fencing Club, though unsuccessful as far as points were concerned, made history for Guy's fencing club. This is the first time we have had a team of four ladies, if not in the whole history of Guy's, certainly for many years. It is to be hoped the score of 13:3 will not discourage their efforts in the future, and they will put to good use the experience gained in fighting the reigning Kent County Champions.

(The men's team, however, saved the good name of Guy's by winning their foil match 6:3 and their epée 5:4.)

GUY'S HOSPITAL ARCHERS

Southern Counties Championships

Held at Winchester, May 16th, 17th 18th.

D. Wood, W. J. W. Siddall, R. Read and P. Robson, were among the competitors and although we did not distinguish ourselves by our shooting nevertheless we did receive a special mention from the organizers.

The weather was far from ideal with a blustery wind adding to the difficulties but we all learnt a great deal and enjoyed ourselves immensely.

A double York round was shot on the first two days to decide the Championship and a Long Western on handicap on the third day when D. Wood took the gentlemen's third prize.

Guy's Hospital Archers *v.* Midland Bank

26th May, 1957

Round:—Albion. Midland Bank scored 1792.

Guy's Hospital Archers—	D. Wood	453
	P. Robson	299
	R. Read	180
	Miss D. Cornick	145
	W. Siddall	101
		1178

Lost by 694 points.

Shooting takes place at Honor Oak Park throughout the summer on Wednesday afternoons, and also on Saturdays and Sundays. Anyone who would like to learn to shoot or has had any experience will be very welcome.

HOSPITAL INFORMATION

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Applications are invited for the resident post of **Senior House Officer** for six months commencing August, 1957. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made within two weeks of the appearance of this advertisement to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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A. A. Turner, M.B., B.S., "Wychwood," 585, Nuthall Road, Cinderhill, Nottingham.

BIRTHS

BALFOUR-LYNN.—On 1st June, 1957, at Queen Charlotte's Hospital to June (née Herbert), wife of Lionel Balfour-Lynn, a son (Simon) a brother for Alison.

CLARKE.—On 14th June, 1957, at The Lindens, Matford Avenue, Exeter, to Jacqueline (née Isard), wife of T. A. Piers Clarke, M.B., B.S., a son (Timothy James Butler), a brother for Hugh.

COATES.—On 6th June, 1957, in Guy's Hospital to Mary (née McNair), wife of Dickman Coates, a daughter (Fiona Mary Dickman).

GREAVES.—On 4th June, 1957, at Mill House, Queenborough, Isle of Sheppey, Kent, to Jean, wife of P. S. Greaves, M.A., M.B., B.Chir., a daughter (Catherine Anne), a sister for Robert Andrew and Simon.

HILLIAM.—On 2nd June, 1957, to Mary, wife of Ivor Hilliam, a son (James Mark).

KELSEY FRY.—On 9th May, 1957, to Maureen (née Casey), wife of Ian Kelsey Fry, a son (John), a brother for Christine and William.

PAGET.—On 5th June, 1957, at Windlesham Maternity Home to Valerie (née Cooper), wife of Seaton Paget, M.B., B.S., D.R.C.O.G., a daughter (Jane).

SCRIVEN.—On 27th May, 1957, at Guy's Hospital to Marion (née Smith), wife of John Scriven, M.B., B.S., a daughter (Elizabeth).

SMITHSON.—On 24th May, 1957, at Rochford Hospital, Essex, to Mary, wife of Donald D. Smithson, M.B., B.S., a daughter (Helen Margaret).

WATSON.—On 19th May, 1957, at The Royal Salop Infirmary, to Winifred (née Moncrieff), wife of William Watson, M.B., B.S., a daughter, a sister for Peter and Mary.

WYARD.—On 31st May, 1957, at Sevenoaks, to Margaret and Sidney Wyard, a second son (Stephen James).

MARRIAGES

WESSON—WATSON.—On 4th May, 1957, at St. James Cathedral, Bury St. Edmunds, Suffolk, Charles Robert Corbey Wesson, A.C.A., to Brynhild Annet Watson, S.R.N.

WILLIAMS—GENTLE.—On 15th June, 1957, at St. Mary's Church, Horsham, Cyril George MacGregor Williams to Audrey Margaret Martin Gentle, A.R.C.M.

DEATHS

HILTON.—On 10th May 1957 Caleb Thos. Hilton, M.B., B.S., of 1100 Bruce Street, Port Alberni, B.C., Canada.

KING.—On 29th March, 1957, Albert Frank King, L.D.S.R.C.S., of 26, Hayes Lane, Bromley, Kent.

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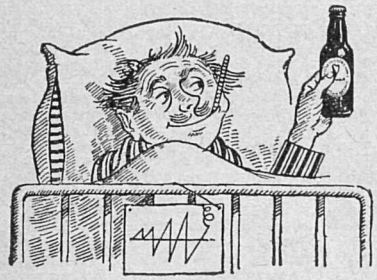

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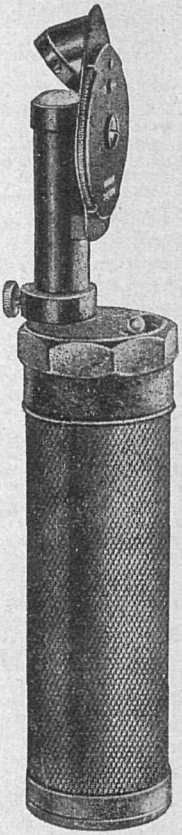

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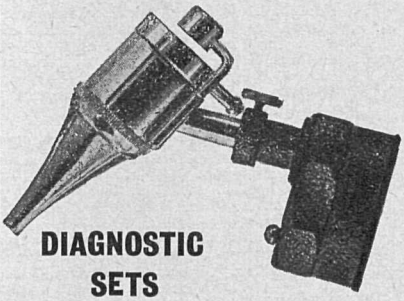

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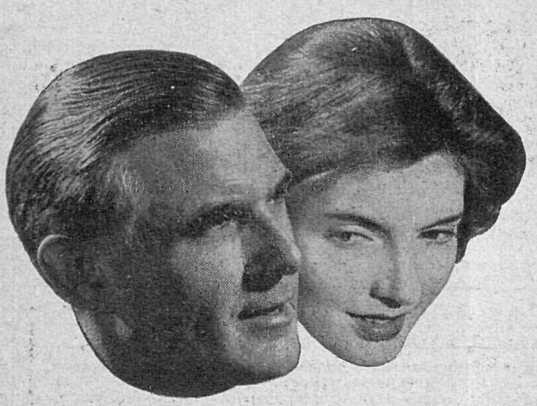

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GUY'S HOSPITAL GAZETTE

6th July 1957

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1. Holtz et al., Klin. Wochschr. 1951, *29*, 393.
2. Epstein et al., J. Dental Research 1951, *30*, 870.
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PASSIM

THE heat-wave having destroyed most of our faculties for constructive thought, it occurred to us to write about the heat-wave. London's hottest weather for ten years brings with it such news as hundreds fainting at Wimbledon, lines buckling on the District Railway, and new habits for nuns. We publish elsewhere an appeal for more sensible summer wear for Sisters. A meteorological expert assures us, in one of the Sunday papers, that this is merely one of a cycle of heat-waves to be expected in the next three months. The usual outcry has gone up about how harrassed men look wearing bowler hats and stiff collars in this weather ; but on the other hand, a bus driver has been hauled over some official coals because he wore regulation naval shorts, which he was certain were perfectly respectable, while driving his 134 bus. No-one has actually blamed the hydrogen bomb, as they used to blame the atom bombs for the rainy summers of past years. At Guy's, the Park looked less like a South Coast resort than usual as more people sought the shade ; while in Nuffield Theatres, a careful and thorough investigation showed that the temperature on one occasion was no less than 120°F., which if nothing else is certainly bacteriocidal. Spare a compassionate thought for those who are wrestling with the M.B. and Conjoint examiners, and even for the examiners themselves. And finally, drink lots of fluid and don't get caught in a thunderstorm.

We are pleased to be able to publish in this issue a short symposium to mark the Harvey Tercentenary—a gesture of admiration of a distinguished Bart's man by a group of Guy's students. At the same time it stands as an example of the enlightened attitude towards medical education to be found in the Department of Child Health, for the symposium has been adapted by the authors from papers which they originally wrote for one of the tutorials which the Department provides for clerks during their pædiatric appointment.

One of the pleasures of the last two or three weeks has been the number of letters we have received from Guy's men abroad. We are publishing one from Dr. Robert G. Walton, who is Visiting Dermatologist to Stanford University Hospital, and tells us of an outstanding opportunity for someone interested in dermatology to go to Yale. From New York, Dr. Henry Windsley of the Mount Sinai Hospital

writes of his participation in the Scientific Assembly of the 106th Annual Meeting of the American Medical Association, in which he presented, with seven colleagues, a report of 282 cases of myasthenia gravis. Also from New York, we were delighted to hear from Dr. John Broome, recently registrar in the Department of Clinical Pathology, of his arrival and establishment in the Rockefeller Institute, with stimulating facilities for research.

We have also heard from Dr. Kevin Anderson, who in March took charge of the Division of Bacteriology of the Institute of Medical and Veterinary Science at Adelaide. As " an indication of the type of fascinating work which arises from an apparently routine post in this country " he tells us of an expedition 1,000 miles into the heart of Australia to investigate a fatal unidentified disease which had broken out among the aborigines at Ernabella. He went with the head of the virus research department and the Protector of the Aborigines, travelling via Woomera and Coober Pedy ; when they arrived the mysterious disease proved to be measles, which has an extremely high mortality amongst the aborigine. Dr. and Mrs. Anderson invite any Guy's man thinking of going to South Australia to get in touch with them ; Mrs. Anderson is an ex-Guy's nurse and will gladly supply all domestic details.

We warmly congratulate Mr. P. S. Boulter, the last Editor of the *Gazette*, on his appointment to the Middlesex Hospital as Surgical Registrar just $2\frac{1}{2}$ years after qualifying. For the last year he has been demonstrating and doing research in the Department of Anatomy, and before relinquishing the editorship obtained the Primary F.R.C.S. at his first attempt. We wish him every happiness at the Middlesex, but confidently hope that his absence from Guy's will be only temporary.

The first annual prize offered by the British Society of Periodontology for an essay by an undergraduate dental student has been won by Mr. J. M. McCormack of Guy's. We understand that there were 19 essays submitted by students from most of the dental schools in Great Britain, and we should like to congratulate Mr. McCormack upon his success.

Anyone newly qualified who is looking for an entertaining cheap holiday would do well to consider the offer of the Highbury Boys' Club, who would like someone to act nominally as Medical Officer at their annual camp at Bognor Regis from 27th July until 10th August. This would be in exchange for his keep, with no obligation to remain in the camp all the time. Those who have been in past years have thoroughly enjoyed the experience. Further details may be obtained from Mr. Wallis in the Medical School office.

GUY'S DIARY

JULY			Exhibition. Department of Surgery. *Amputations.*
8th	M	1.00	Mr. J. S. Tomkinson. Clinical Lecture. *The Clinical Approach to Infertility.*
11th	Th	5.00	Mr. P. H. Schurr. Neurosurgical Demonstration. Clinical Theatre.
12th	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *The Body Fluid and Electrolytes.*
			Mr. D. M. Macdonald. Dental Clinical Lecture. *Injuries of the Middle Third of the Face.*
13th	S	10.00	Departmental Round. Mr. Robert Cox (Westminster Hospital). Clinical Theatre.
15th	M	1.00	Dr. R. D. Hoare. Clinical Lecture.
16th	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture. *The Work at the Breast Clinic.*
19th	F	1.00	Dr. R. T. Grant. Clinical Lecture.
22nd	M	1.00	Mr. L. F. W. Salmon. Clinical Lecture. *Carcinoma of the Larynx and Laryngo-Pharynx.*

Sixty Years Ago

From Guy's Hospital Gazette, 3rd July, 1897.

It was very gratifying to all Dr. Wilks' admirers to read his name in the list of new baronetcies bestowed by the Queen on the occasion of the completion of the 60th year of her reign. No one has better deserved honour than our consulting physician, the president of the Royal College of Physicians. His whole career has been spent in absolute devotion to the science of medicine and the interests of the Guy's Medical School and of the profession at large. Resolutely opposed to practices that seemed to him in any way unseemly or dishonourable, intent upon the advance of real knowledge and the suppression of deceit in every form, Sir Samuel Wilks is eminently fitted to sustain on behalf of science and medicine the chilvalrous traditions of an English baronetcy. On behalf of all Guy's men we tender him our heartiest congratulations on the honour which has crowned the consistent efforts of his life in the following out of the ideal.

Forty Years Ago

From Guy's Hospital Gazette, 14th July, 1917.

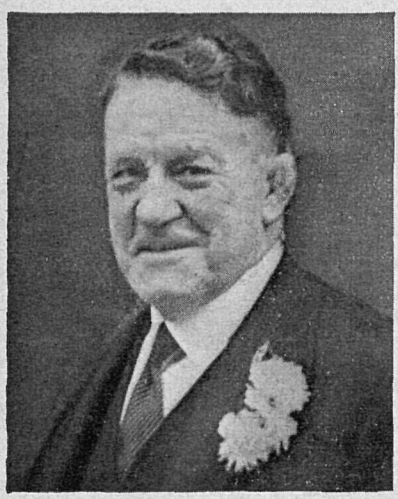
The Air Raid

So many graphic descriptions of the air raid have appeared in the press that there is no need for us to attempt further description. We need only say that the German aeroplanes were seen well as they passed over the Hospital. In spite of the fact that bombs fell unpleasantly near the Hospital, there were no signs of panic and the air raid instructions were carried out without confusion. Luckily the Hospital was not called on to treat many cases. In fact, considering the large number of aeroplanes and bombs, the loss of life was extremely slight. We fear, however, that the success of the German aircraft in escaping destruction will stimulate them to further efforts with even larger fleets of machines. It may be feared that the agitation for reprisals and more aeroplanes for home defence, which is being carried out by certain sections of the press, will lead to a weak government denuding the fighting front in France of its necessary aircraft. If this be done we should only stimulate the enemy to greater efforts.

It seems that some members of medical and surgical firms were in doubt as to what they ought to do in case of an air raid. We imagine that it is intended that they should go to their wards, especially the female wards.

OBITUARY

ALFRED EDWARD HEWITT



Scores of Guy's men will be grieved to hear of the death of Alf Hewitt, one of nature's gentlemen. The news came to Guy's through the *South London Press* who reported that "Alf" had died in retirement at Margate, on Saturday, 25th May. His body was brought back to his old home at Grange Road, Bermondsey, where it rested until the burial on Thursday, 31st May, in the family grave at Nunhead.

He was known as the Bermondsey man who knew more about ju-jitsu than anyone in England and he became European champion in that branch of wrestling. He took up boxing only in his late twenties and attained championship status, and one of his best performances was his defeat of Charlie Knock in 1906, a contender for the middle-weight title. He was for ever winning weight-lifting contests and was a champion oarsman.

To Guy's men he was a kind-hearted boxing instructor. He was appointed in 1908 and proceeded to school generations of Guy's students in the noble art of boxing until just before the late war. The record of Guy's boxing teams during "Alf's "period as an instructor testifies to his ability as a coach. He loved his Guy's pupils and frequently referred to them as "my boys" as if they were part of his own family.

He was not a big man, being about a middle-weight, but he possessed tremendous strength and staying power and no doubt his exceptional knowledge of anatomy helped him considerably in all his sporting activities. In and out of the boxing profession "Alf" had not an enemy in the world, and this not because of his abundant strength and boxing ability. He was a total abstainer and non-smoker.

He served the Bermondsey Borough Council in the Electricity Department from 1905 to 1945, when he retired.

"Alf" leaves behind him amongst Guy's men a memory of a "white man" through and through and one of the greatest boxing instructors of all time. A man who loved nothing better than passing on his great knowledge to others.

He is survived by five sons, four daughters and four step-children to whom we extend our deepest sympathy.

G.A.R.W.

CALEB THOMAS HILTON, M.B., B.S.

The news of Dr. Hilton's death at the age of 82 reminds that the pioneering spirit has been well to the fore in every generation of Guy's men. Dr. Hilton was born in Wigan and qualified M.B., B.S.(Lond.), from Guy's in 1899. As early as 1908 he appeared in Port Alberni, Vancouver Island, which was then without a hospital, and travelled by bicycle, boat and buggy to practise medicine and kitchen-table surgery. Largely as a result of his efforts the district's first hospital—the West Coast General Hospital—was opened in 1913. During the 1914-18 War he served overseas with the Canadian Medical Corps, and then returned to the practice where he spent the rest of his life. In 1953 he officiated at the opening ceremony of the new 111-bed hospital which replaced the original one he had helped to found, and it was in this hospital that he died on 10th May, 1957.

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He left Padua in 1602 with a degree in medicine and the highest recommendations of his teachers and returned to London, where in 1604 he married the daughter of a physician named Dr. Launcelot Browne. In 1607 he was elected a Fellow of the Royal College of Physicians and this was followed by his appointment a few years later as Physician to St. Bartholomew's Hospital. He was so highly esteemed as a physician in London that he was appointed Lumleian lecturer to the Royal College of Physicians in 1617, and also to the post of Physician Extra-ordinary to James I in the following year. Harvey was now at the prime of his medical career and with a wealthy clientèle was able to devote much time and money to the furtherance of his studies on the circulation. He also occupied a notable position in guiding St. Bartholomew's Hospital and the Royal College of Physicians to the betterment of both their interests.

In 1628 Harvey published his first great work on the circulation, the *De Motu Cordis*, which initially produced universal antagonism. However, his prestige was not affected and in 1630 he was appointed Physician in Ordinary to Charles I, and in the same year accompanied the Duke of Lennox on his Grand Tour. This was followed six years later by another continental tour when he attended the Duke of Arundel and was able to visit Italy, where it is thought that he probably went to Padua and certainly visited Rome.

After his return from the tour Harvey constantly accompanied Charles I in all his travels, and was given a residence in Whitehall Palace. It was while he was in Nottingham with the King that this residence was destroyed by Parliamentary supporters and Harvey lost many specimens and manuscripts which, as he said, "perished with detriment, I venture to say, to the republic of letters". Harvey moved with the King's camp to Oxford, where he was welcomed with great esteem. He remained there for several years and was able to continue his lifelong pursuits. However in 1645 several personal tragedies overcame him, beginning with the death of his wife, which left him childless, and then his disposition to gout. Finally, with the execution of the King his bereavement was great and he felt disinclined to continue his practice in London.

In 1649, at the age of 72, he gave to his friend Dr. Ent the manuscript of *De Generatione Animalium* which was a conclusion on his observations and is a masterpiece in lucid constructive writing. He also published two letters which were further reflections on his original article and addressed to Riolanius who was the leading opponent of his views in Paris.

From 1650 to his death in 1657 Harvey passed his time mainly at the country houses of his brothers, and here he was able to relax and philosophize with the satisfaction that his discovery was spreading all over the world and gaining universal recognition. And so it was that whilst staying with his brother at Roehampton he developed a cerebral hæmorrhage which deprived the world of a great pioneer.

His Character

It is interesting to trace the development of Harvey's character. His childhood from all accounts was happy and stable as he had an understanding father and younger brothers of whom he was extremely fond. From an early age he developed an interest in things around him and was perpetually questioning his elders.

Whilst at school in Canterbury he was a keen naturalist, going for long walks by himself with this intent. However, he was not totally introverted and joined readily in the exploits of his friends, and was quite a keen sportsman.

At Cambridge he received a general education, but little is known of his activities at this time. He was certainly absent for many months, and it seems that this period did not contribute much to his future life.

It was not until he reached Padua that his ideas began to formulate. Here, under the influence of the great men of the Renaissance, he became conversant with old dogma and also with current ideas. The inner conflict that this must have produced stimulated Harvey to develop his own thoughts and theories. It is at this period that his true character begins to emerge and we see the man so essentially interested in the Truth. This attitude plays the dominant rôle in all his future work and led to the development of an entirely new scientific approach.

In his later life he appears as a small, energetic man, soberly dressed and continually preoccupied with his own thoughts. He had a happy marriage and many influential friends. He also had many diverse interests, amongst them the theatre, painting and literature, and in his old age became something of a philosopher. His undoubted success seems to have had little effect on his essential modesty, and he continued steadfastly in his work until his death.

William Harvey and the Circulation of the Blood

The discovery of the circulation of the blood was announced by William Harvey in his Lumleian Lectures in 1616. Although when he did this work it was of outstanding importance, it is nevertheless likely that if Harvey had not been alive some other worker would have made the discovery at this time. It would probably have been an Italian, for this was the age of the great Italian Universities. The reason for this conclusion is that the volume of work and speculation about the blood had accumulated to such an extent that some integrative study had to be produced.

The lesser circulation through the lungs had been discovered in the 13th Century when the Arabian physician Ibn-an-Nafis had described it. He did not, however, appreciate the full volume of the pulmonary blood flow. In the 16th Century the pulmonary circulation was described again by Servetus, Colombus and Caesalpinus. They also did not understand its full significance. It is possible that they had access to some transcript of the earlier work, but this is only conjecture. Finally, Fabricius in 1603 gave the first full description of the venous valves. He was, however, so influenced by the attitude of his predecessors that he was unable to conclude what now seems obvious to us, that the valvular function was to prevent backflow. Instead he thought that the valves served to prevent too much blood passing down the veins at one time.

What was wanted at this time was an integrator, both able and willing to separate fact from supposition. But Harvey was more than this for his was the first application of scientific method in physiology. From his learning in Padua, he was enabled to devise experiments by which he could test his hypotheses, and from the results he drew what we now believe to be correct conclusions. He was only willing to accept the findings of his predecessors as true if he could verify them himself. In so doing he cut down the palisade which had been erected round the temple of Galen during the previous thirteen hundred years. The manner in which he obtained his results, therefore, is certainly of as much value as the results themselves.

Harvey's realization was of the speed and volume of the circulation. He also knew that the motive force was that of the ventricles. His works may owe much to Robert Boyle, for Harvey was well acquainted with him. Harvey's conception of the function of the lungs was that they cooled the blood passing through them. As he worked long before Priestley and Lavoisier this seems a very reasonable idea for one in his circumstances. At this time the study of chemistry had hardly begun and a proper balance between physiology and biochemistry is only now being established.

As far as any application of the discovery to medical practice is concerned, Harvey's work was ahead of its time. According to Osler, books such as that of Walseus in 1660 on medicine, although written "according to the circulation of the blood" did not in fact alter in composition as a consequence of Harvey's work. We cannot be sure that there was no practical application, for Harvey's own writings on this subject are unfortunately lost to us.

Harvey—his work other than the circulation

When paying homage to a great man, it is perhaps understandable that his principal achievement should be the focal point of discussion while his work in other spheres should be comparatively neglected. So it is with William Harvey. Yet with Harvey this is in some respects strange as the work he pursued and the conclusions he reached in fields other than circulatory physiology are hardly less important.

First and foremost, Harvey was a biologist; he was interested in biological topics as widely separated as the reproductive mechanisms of insects and the morbid anatomy of cirrhosis of the liver. Furthermore, his enquiring mind did not stop at mere interest in these topics but led him to manipulate natural phenomena in such a way that he was able to verify for himself previously accepted statements. In this latter respect he was unique in his time and it is probable that he will be remembered as the pioneer of experimental biology long after *De Motu Cordis* has been forgotten.

What other topics did William Harvey study in particular? Unfortunately, a complete answer will never be forthcoming as following his flight with the court of Charles I the mob angrily destroyed many of his unpublished documents. One work that is alluded to would have been especially interesting to study, that is *The Practice of Medicine conforming to the Thesis of the Circulation of the Blood.*

We are left with one book (besides *De Motu Cordis*), several letters, his lecture notes, and the impressions of his contemporaries.

The book *De Generatione Animalium* has never been adequately translated into English. It was published in 1651 with the help of a personal friend of Harvey's—one Dr. Ent. At that time Harvey was 61 and the work probably represents much of the labours accomplished while in semi-retirement from the medical profession. In *De Generatione* experiments and observations on the process and patterns of reproduction are made, with particular reference to man. It has been described as the first original work on midwifery published by an English author and it is noteworthy that Percival Willoughby (1596-1685) widely quotes Harvey, commending his methods in his own book *Observations in Midwifery*. In one chapter on labour entitled "De Partu" Harvey emphasizes "gentleness and watchful waiting" in uncomplicated cases and in making observations on puerperal fever describes the hazards of retained blood clot. In another chapter on the constitution of the uterus, he writes graphically about the size of the uterus in different species and in different stages of a woman's life.

From all accounts Harvey was not only a widely respected obstetrician, but an extremely astute general physician. His appointment as Court Physician and to the staff of St. Bartholomew's Hospital gave him every opportunity to see the various ills from all sections of the community. Morbid Anatomy held a particular fascination for him and apparently he was familiar with the various pathologies of the liver and their appearance, with the different types of gallstone and renal calculus, and with the affections of the pericardium.

Harvey gave a minimum of drugs to his patients, being said to give very little physic and only a "regular dyett and cordyall antidotes". To the forefront in his therapeutic armoury were "cupping" and "the detraction of blood"—perhaps the least harmful of the then available supportive measures!

Ida Macalpine and Richard Hunter now consider that William Harvey contributed much to neurology and psychiatry by recognizing such conditions as delirium, syringomyelia, hysteria and epilepsy—though the evidence is not entirely convincing, being taken from scattered notes and contemporary writings.

Franklin says that Harvey makes reference to over 80 species in his writings while the latest estimates put the number to nearer 120. Whatever the precise number, one can be sure that each description was done with the same meticulous care and bore the utmost relevance to the subject discussed.

Here then is a man who must be remembered not for an isolated study on the circulatory system, but rather for a fundamental approach to all the biological sciences.

Acknowledgement

We thank Dr. Mac Keith for his help in the preparation of this symposium.

THE ART SOCIETY EXHIBITION

By BRYAN ROBERTSON, *Director, Whitechapel Art Gallery*

IN a despondent moment, Sickert once said that the English judged pictures by ear rather than by eye, and one knows what he meant. By their nature, painting and drawing are primitive and direct means of expression : men made marks and pictograms on the walls of their caves long before they wrote sonnets or essays. These marks and pictograms were made for a variety of reasons, not all of them connected with any kind of æsthetic response to nature; but embodied in these activities is some kind of an attempt at plastic and visual self expression. Gradually, over the centuries, the English have tended to push painting and drawing into the background of their activities. The French and the Italians have not. The English like to think of painting, drawing and sculpture as polite embellishments of civilized living: they do not easily accept the idea that a painting can be the purest, most direct and revealing indication of a man's spirit, as well as the most accurate sign of the mental and physical climate of any given period in history. Other nations have not lost sight of this fact. We love topographical art, portraiture, or illustration: any branch of art, in fact, which serves a useful end; but we mistrust the highest peaks of artistic expression in the visual arts though enjoying them as topics for conversation. Hence Sickert's observation and the feeling many people have

that the English are often reluctant to look at length at any work of art simply as an object in itself, as something created. It has to be linked up with or dependent upon something else, usually literature. All these thoughts are far from original—and we have produced Gainsborough and Constable, Blake and Turner despite so many natural limitations—but they often spring to mind when looking at amateur painting in England.

This activity has assumed immense proportions during the past ten years, and thank heaven for it. Similarly, in a more passive way, hundreds of thousands of people flock to art exhibitions all over the country, and this is excellent too. But in spite of these parallel developments, we are still visually both backward and uneducated; and we still think of art as something all by itself, separate, to be kept at a polite distance. *Backward*, because our visual standards are far too low: look at the lampshades in any department store or the furniture and fabrics in a provincial shop. Look at almost any English pub interior: frowsy, adamantly brown, dingy and characterless. *Art as something separate*: look at any amateur art exhibition and you will see that the standards are often those of other art, usually professional, and not those of life or personal feeling, whilst the formal characteristics of the works on view are frequently those of the Royal Academy of fifty years ago. The general public, in fact, when it begins to produce paintings and drawings for itself, has not yet really caught up with the formal innovations of even seventy years ago. When the treatment of any subject approximates to a contemporary manner, then the treatment is a kind of paraphrase, almost a joke. And in general, amateurs tend to produce portraits and topographical studies: in fact, records, documents or souvenirs.

Amateurs approach the idea of painting as painting or drawing as drawing with extreme suspicion. But they are beginning to approach it and this is extremely important because there is today virtually no good popular art. Once, you could buy cheap, popular engravings, plain or coloured, by Hogarth, Rowlandson or Gillray. All this has disappeared from life. Later, illustrated books delighted us all with their drawings by Phiz, Thackeray or Doyle. But what is English popular art now? Record sleeves, posters, magazine covers? It has practically disappeared. Instead of something lively, original, and relating to the times we live in to hang on a wall, we have a van Gogh reproduction. This might imply some advance in taste, but in fact, a van Gogh print is only a product of a machine: it is not touched by hand and is not a work of art. It is entirely dead.

And so, perhaps, amateur artists are unconsciously beginning to create their own popular art to please themselves, since nobody else will provide them with it. It will not be an eloquent or meaningful popular art, however, until they begin to relax and develop a vision and indulge their own latent sensuality. Above all, they should not strive to duplicate the outlook or the mannerisms of professional artists, for this would confuse two separate métiers.

If the patient reader has read as far as this he may well wonder what these rambling strictures—many of them highly equivocal—have to do with the charming exhibition of pictures recently assembled at Guy's. The answer is: very little. The standards of this exhibition were unusually high. But amateur shows do stimulate these speculations. Clearly, something is going on in amateur painting: it is not at all the same, either in style or intention, as the amateur painting of even twenty years ago.

The show at Guy's was extremely good. It had diversity and liveliness and could, to advantage, have been twice the size. D. Bedford's drawing, W. Looker's "Saloon Bar", J. S. Tomkinson's studies of "Claudia", Margaret Cameron's drawings, Jean-Pierre Voos's large portrait and J. K. Duff's quizzical tachisme all commanded attention among many good things. There was also some convincing and elegant pottery, particularly the work by J. P. Lee Potter. The recently commissioned painting of Guy's Hospital by John Piper, with its preliminary sketch, made a fine, solid centrepiece and is clearly a great success. This is a most warm and affectionate record of the building and a particularly agreeable example of Piper's work. The Art Society is obviously flourishing: it only seems a little strange—even bearing in mind the need for a change from one's work—that the Hospital itself and its life and surroundings have not inspired any members. The standard of work is so high, technically, that it almost outpaces the more sedate choice of subjects. Barbara Hepworth once made some good drawings of surgeons at work. There must be many other aspects of hospital life—for a painter.

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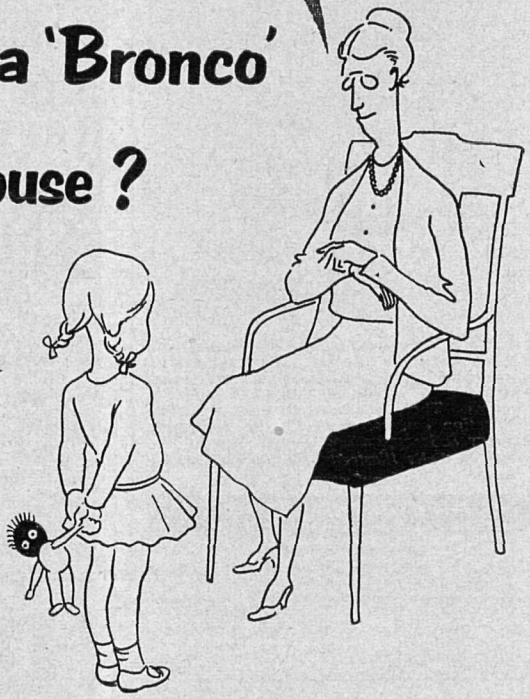

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THE I.C.N. CONGRESS AT ROME

The 11th Quadrennial Congress of the International Council of Nurses was held in Rome, 27th May to 1st June. The Congress hall was the Esposizione Universale Romana (E.U.R.), about six miles from Rome, built just before the war with good roads linking with Rome. Altogether 3,118 members from 57 countries attended and Guy's was well represented. We had an interesting and very busy few days.

The opening session provided an impressive and colourful scene, many national costumes were worn and were vivid against the background mainly of white marble. Members of the congress were welcomed by the Mayor of Rome, the High Commissioner of Health and the President of the Italian Nurses' Association, Miss Antoinetta Sgarra. Addresses were given by the Chairman of the College of Medicine and the President of the I.C.N., Mlle Marie Bihet of Belgium. The Patron of the Congress, Donna Carla Gronchi, wife of the President of the Republic of Italy, was present at the first session. Songs given by the *Coro di voce bianche* during the morning were delightful.

" Responsibility " was the theme for the Congress and we considered various aspects of nursing education and service. Professional papers were presented by nurses from many parts of the world on Responsibility for the selection of nurses—the needs of the community and of the profession ; responsibility for the education of the nurse ; the role of the nurse in the health programme ; responsibility for the basic preparation of the nurse and for post-basic preparation ; responsibility for nursing administration—principles of administration applied to nursing education and to nursing service. Detailed accounts of the papers and of subsequent discussions are being given in the nursing press and in the International Review.

There were several innovations at this Congress. The deliberations of the Grand Council were held in open session so that congress members had opportunity of hearing detailed business discussed. This was a lengthy procedure and must have been difficult for the Grand Council and for the delegates. For the first time a layman, E. F. L. Brech, senior partner of Urwick, Orr of London, was invited to read a paper ; this was on administration and it was received with enthusiasm. A small group of student nurses from several countries attended the congress and it was agreed that an International Student Nurse-Unit of the I.C.N. should be formed.

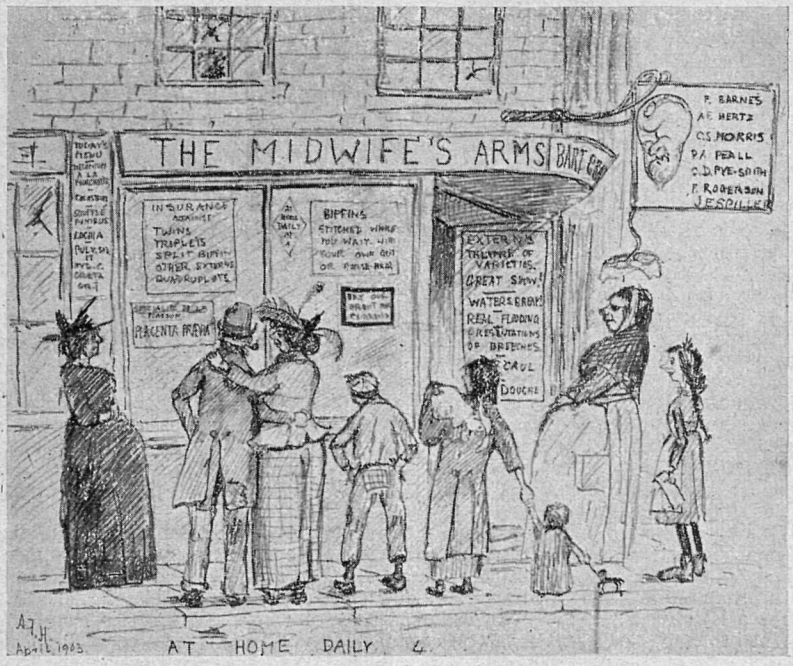
Some professional visits had been arranged by the Congress Committee—public health and to hospitals in Rome. There are a few modern hospitals but some of us were fortunate in being shown round the ancient Ospedale Santo Spirito on the west bank of the Tiber, where the two wards each of 100 beds with an altar between, are still in use. We were, however, shown models of the modern hospital to be built outside Rome near to the Congress building—the old building will then be used for administration. During the morning of Ascension Day a large number of Congress members were received in audience by the Pope in St. Peter's. This was not a private audience and we were warned it would mean standing for about two hours. There were thousands of people in and out of the Basilica, many gathering in associations and in groups for the audience, some trying to look round the Church, small processions of children entering to make their first Communion, and the noise was astonishing.

As well as the formal sessions there were many gatherings in the Congress buildings, international and others ; many of the Embassies arranged receptions for large or small groups. A reception for all members was held the first evening in the Palazza Venezia; this palace was used by Mussolini as a residence and is now a museum. At luncheon at the E.U.R. on Friday, twelve Guy's members met and four others were seen at different times in Rome. This seemed a good number but Miss J. Addison and Miss M. Duncombe were the only "present Guy's" seen at the Congress.

At the final session the nursing associations of 10 new countries were admitted to membership of the I.C.N. Miss Agnes Ohlson, president of the National Association of U.S.A. was elected President I.C.N. for the next four years and the retiring president gave "Wisdom" as the keynote. Miss M. Marriott, for some time deputy honorary treasurer, was elected treasurer. The next congress is to be held in Australia in 1961 at the invitation of the National Associations of Nurses of Australia and New Zealand.

D.L.H.

EXTERNS AND THEIR ART



In October, 1955, we published photographs of two drawings made by take-in dressers in approximately 1903*. One of these, entitled " The Dresser's Dream " and depicting a nightmare operation, was by A. F. Hertz, later Sir Arthur Hurst. We have now received a fascinating and historic companion-piece from Mr. C. D. Pye-Smith, *D.S.O.*, *M.C.*, F.R.C.S. This was also drawn by Sir Arthur Hurst in April, 1903, when he and Mr. Pye-Smith were externs. It is in pencil, and we reproduce a photograph of it which has been taken for us by the Photographic Department. Mr. Pye-Smith has generously parted with the original in order that it may be perpetuated at Guy's. It is being framed and will be hung in the Department of Obstetrics and Gynæcology, where its details may be seen to better advantage than is possible here.

INTERNAL POST

Guts Hospital,
(Dept. of Surgery),
St. James Street, S.E.1.

(The address on a letter received recently from a firm advertising business efficiency.)

* *Gazette* (1955) **69**, 418.

CORRESPONDENCE

Letters to the Editor of the Gazette

Posts in the United States

SIR,—I have recently received a letter from Dr. A. B. Lerner, Professor of Dermatology at Yale University, asking me if I know of any one who might like to join his staff at Yale. He was particularly interested to know if I knew of anybody in Great Britain who had some training in dermatology and might like such an appointment.

Therefore, I thought it might be worth while writing to the *Gazette* regarding this situation so that it could be brought to the notice of any Guy's men who have had some training in dermatology and might like to spend some time in the States.

The work would consist of clinical dermatology, teaching in the Medical School, and also investigative work, particularly on either keratin formation or psoriasis. For any one who is interested in basic research in dermatology, this would be a marvellous opportunity.

I had the privilege of working with Dr. Lerner and I know that besides being a first class dermatologist, he is also an experienced biochemist and is intensely interested in the basic sciences and their relation to the skin. I should add that any one who might be interested in such an appointment, would probably have to be prepared to stay at Yale at least one year, and although I am not familiar with the licensing body of the State in Connecticut, if it is anything like the majority of the States, then I think the applicant would have to possess the M.B. degree as the Conjoint Diploma is usually not recognized in this country. However, most American Universities are able to give temporary licenses for faculty members, therefore, there should not be any other obstacles.

If there are any Guy's men interested in working with Dr. Lerner, they can either write to me for further information, or directly to Dr. Lerner, Section of Dermatology, Yale University School of Medicine, New Haven 11, Connecticut, U.S.A.

I would also like to bring to the notice of your readers that if there are any Guy's men who are interested in emigrating to Canada or the United States and they need any information or advice, I would certainly be very happy to assist them as much as I possibly can.

Yours etc.,

ROBERT G. WALTON.

1700 McHenry Village Way,
Modesto, California.

R.S.P.C.S. ?

SIR,—In the Press recently there has been mention of the standardization of nurses' uniforms. While one could not agree to casting aside the traditions of a great Hospital in this summary fashion, could we put in a plea for the introduction of summery fashions for sisters' uniforms ?

As I write the thermometer on the wall registers 86°F. In *Patience and Samaritan* I remember it registering 96°F. It is indeed suffering as well as exhausting to work arduously in the heat wearing *thick* drill *lined* dresses with tight sleeves and waistbands and stiff collars and cuffs—and on the top of all a stiff starched apron.

The nursing staff are as a rule an uncomplaining lot but could somebody please have pity on us by issuing *two unlined thin short sleeved* summer dresses ?

In the long run the allocation of two extra dresses would make the total uniform issue last longer.

Yours etc.,

M. S. GRIFFITH.

Clubs' Union Rules

From the Hon. Secretary of the Clubs' Union

SIR,—In accordance with Rule 23 of the Clubs' Union, I hereby give formal notice that it is proposed to make the following alterations and additions to the Rules of the Clubs' Union at the next meeting of the Council to be held on Friday, 19th July, 1957.

New Rules :

1. A representative of the Ladies' Clubs shall be elected from the Secretaries of the Ladies' Hockey, Tennis, Squash Racquets and Swimming Clubs. The Hon. Secretary of the Ladies' Hockey Club shall convene a meeting of these Secretaries to form an electoral body.
2. The Secretary of the Blues Committee shall be a member of the Clubs' Union Council.

Amendment to Rule 5 :

Each Constituent Institution shall undertake, by its Secretary or Treasurer, not to allow the privileges of membership to anyone who is not a member of the Union.

(Existing Rule 5 : Each Constituent Institution shall undertake, by its Secretary or Treasurer, not to allow the privileges of membership to any student who is not a member of the Union.)

Yours etc.,

F. G. ELLIS,
Hon. Secretary, Guy's Hospital Clubs' Union.

Medical School,
Guy's Hospital, S.E.1.

REVIEWS

All Our Children. By SIMON YUDKIN. Reinhardt, London. Pp. 201. *Price* 12*s.* 6*d.*

This is a sensible and simple book that is easy to read : it tells how ordinary children behave and how their parents can give them the best opportunity to develop to the full. Evidently Dr. Yudkin is a wise and kindly adviser and father as well as a pædiatrician. Only a ten page postscript deals specifically with problems. This means that the book is to be read for general guidance rather than for advice on particular difficulties.

Dr. Yudkin persuasively describes the " democratic " family, guided and led by non-authoritarian parents who are confident in their job. The chapter on discipline will be found helpful by many parents striving to do their best, but not quite clear what their discipline is aimed to do. The stages of the child's moving out into the world are dealt with, and there is a welcome appeal for making our educational system nearer what our children deserve and need. The young adolescent, his and her problems, and how parents may feel about them and act to help are described.

Chapter 2, which provides a review of various theories of the development of the child's personality may confuse rather than help parents who are not already well informed. Dr. Yudkin describes a psycho-analytic theory that may be held by some people somewhere on the wilder fringes. He also describes unfavourably a " Maturation Theory " and a " Heredity " theory. Would it not have been better to survey the field in a positive way remarking on the good things which the theories of psycho-analysis, maturation, and heredity have contributed to our whole picture of how the child's personality develops ?

Dr. Yudkin remarks that " adolescence is perhaps the most important time in a child's life." This is an over-statement but it does underline the need for closer study of this period which certainly has been neglected. I would ask pædiatricians to do this, for all their thinking is infiltrated with the concept of the growing developing organism.

A strong plea, based on a mother's right to a full life, is put forward that it should be made possible for mothers to work. The most cogent objection to

mothers working has been that based on the disturbance that some children suffer if the continuous mother-child relationship up to the age of five years is interrupted. To mention boarding schools, saying that the separation they involve is harmless, seems to me disingenuous and not to the real point. The newly published *Women's Two Roles* by Alva Myrdal and Viola Klein sets out very well a wiser approach, namely, that " having small children is and should be a whole-time job, but this takes up a relatively short and transient phase in a woman's life." (From a review in *Mother and Child*).

It is unfair to saddle the Puritans with the doctrine of original sin ; the idea of Infant Perdition was ancient by the 17th Century and did not Aquinas write of *peccatum originans* and *pecatum originatum ?* Dr. Yudkin's book with its many sensible and practical helpful ideas would be very useful for the framework of a series of discussions among parents, actual and to be ; they would enjoy the humour and the illustrative anecdotes and would profit greatly from reading it. The book is attractively made up and printed and free of typographical error.

M.C.
R.C.M.

Modern Operative Surgery. Vol. II. Edited by the late G. GREY TURNER and PROFESSOR LAMBERT ROGERS. 4th Edition. 1956. Cassell & Co. Ltd. *Price 75s.*

The excellence of the first volume of this edition had whetted the appetite of surgical readers who awaited the second volume with great interest. Now that this has appeared there will be few readers who can fail to marvel at the quality of detail and the clarity of exposition which distinguishes this book. The list of authors gives promise of a standard which is maintained throughout. Such is the amount of information in the work that no reviewer, especially one of junior status, can pretend to assess critically all the various sections. Naturally enough, chapters of special interest to this reviewer have been studied with more care than have others.

The chapter on the rectum and anal canal is written with commendable clarity and economy of words by Mr. C. Naunton Morgan and Mr. O. V. Lloyd Davies. A section of the surgical anatomy of the area gives the authors' views on the constitution of the anal sphincters. These will meet with general approval though concepts of the interrelationships of the muscles have altered somewhat since the drawing of fig. 521. Recent work, notably by Eisenhammer on the surgical treatment of fissure-in-ano, has been described and it is only perhaps a pity that more emphasis was not placed upon his operation of internal sphincterotomy and rather less upon the more unpleasant and incapaciting one of excision of the fissure which now seems to be avoided wherever possible by many surgeons.

A noteworthy chapter is that on intracranial operations by Sir Geoffrey Jefferson whose succinct account cannot fail to simplify a complicated subject. In a later chapter with Professor Michael Boyd he describes operations on the sympathetic nervous system. In this section, it is perhaps surprising that the authors make no mention of peraxillary sympathectomy. The only operation on the upper part of the chain that they describe is transcervical radical ganglionectomy.

The chapter on plastic surgery contains a great deal of most valuable information and will be read with great reward by general surgical trainees as well as those with more specialized interests. It is, however, unexpected to read the statement in the section on depressed fractures of the nose that " Too much emphasis cannot be laid on the necessity of giving the patient general narcosis ". For this statement even though it comes from such high authorities as Sir Harold Gillies and Mr. J. N. Barron must (with the greatest respect) be queried. Those who have seen the ease and relative comfort of nasal reductions done under a field block of xylocaine and hyaluronidase after preliminary cocainization of the nasal mucosa would surely not willingly abandon this method. Unhurried manipulation, associated as it is with excellent hæmostasis, has produced many excellent results. A considerable merit of this method is its suitability for use in outpatients.

These comments on individual sections must not be regarded as being more than the most minor criticisms of this monumental work. It will in this new edition continue to serve surgical pupils and, very probably, many established surgeons who require guidance in teaching and " occasional " operating in unfamiliar regions.

P.S.B.

SPORT

CRICKET

Past *v.* Present

At H.O.P. 15th June, 1957

Result—Present won by 97 runs

Present

H. M. Tuddenham, c. Munro, b. Gray	28
M. N. Morgan,c. Williams, b. Gray	25
R. W. Elsdon-Dew, l.b.w. b. Gray	11
J. A. Dyde, l.b.w. b. Trist	19
P. M. E. Drury, l.b.w. b. Carton-Kelly	45
S. J. S. Lam, c. Lipington, b. Gunn	31
K. M. Pagliero, not out	34
T. J. H. Clark, l.b.w. b. Gray	1
J. D. Eustace, b. Carton-Kelly	0
C. Green, P. Banks, did not bat.	
Extras	6
Total for 8 wickets	202

Bowling	O.	M.	R.	W.
Bishop	10	1	33	0
Trist	12	2	45	1
Gray	16	4	39	4
Carton-Kelly	9.2	1	26	2
Tweed	2	0	16	2
Gunn	7	0	37	1

Past

I. A. H. Munro, b. Banks	5
A. E. Trist, c. Lam b. Dyde	3
D. E. Blake, c. Morgan, b. Banks	59
J. D. Williams, c. Tuddenham, b. Banks	4
D. Lipington, b. Banks	1
K. Gray, c. and b. Dyde	1
A. L. Gunn, b. Dyde	0
F. N. Glover, b. Dyde	0
W. M. E. Tweed, b. Dyde	4
L. D. Carton-Kelly, not out	6
M. Bishop, b. Banks	8
Extras	14
Total for 10 wickets	105

Bowling	O.	M.	R.	W.
Dyde	17	4	43	5
Morgan	5	3	8	0
Banks	11.2	3	42	5

Guy's *v.* R.N.V.R.

At H.O.P. Result—Won. 23rd June, 1957

Guy's

H. M. Tuddenham, c. Fisher, b. Burley	0
M. N. Morgan, c. Jenkins, b. Burley	79
R. W. Elsdon-Dew, c. James, b. Burley	99
P. M. E. Drury, c. Connolly, b. Burley	10
S. J. S. Lam, b. Burley	2
R. E. Owen, b. Connolly	0
T. J. H. Clark, l.b.w. b. Burley	2
M. Bishop, c. Kitchen, b. Connolly	5
D. Wright, b. Burley	1
E. Barker, b. Burley	0
P. Banks, not out	1
Extras	4
Total for 10 wickets	203
R.N.V.R. for 10 wickets	105

Bowling	O.	M.	R.	W.
Morgan	15	8	15	6
Drury	9	1	29	1
Bishop	3	1	12	0
Clark	7.4	1	22	3
Banks	3	1	13	0

Guy's *v.* Hampton Wick

At Hampton Wick. 24th June, 1957

Result—Lost

Guy's

H. M. Tuddenham, l.b.w. b. Pook	15
B. Batten, c. Mountford, b. Bradley	0
R. Tanner, b. Bradley	2
N. Russell, c. Suter, b. Bradley	16
A. Trayling, l.b.w., b. Lofting	5
J. R. Norman, c. Oliver, b. Lofting	0
J. D. Eustace, b. Bradley	21
D. J. Smith, c. and b. Pook	4
A. S. Horner, c. Mountford, b. Bradley	2
J. Kelly, c. Sidney, b. Bradley	2
P. Randall, not out	0
Extras	7
Total for 10 wickets	74
Hampton Wick for 1 wicket	76

Bowling	O.	M.	R.	W.
Horner	3	0	14	0
Randall	4	0	32	1
Kelly	3	0	16	0
Tanner	2	0	8	0
Tuddenham	0.4	0	5	0

Guy's *v.* R.A.M.C.

At Crookham. 29th June, 1957

Result—Draw

Guy's

H. M. Tuddenham, b. Jackson	11
T. J. H. Clark, b. Hellewell	34
J. D. Eustace, b. Miller	34
J. A. Dyde, c. Noble, b. Miller	91
J. D. Williams, c. Hellewell, b. Jackson	0
K. M. Pagliero, not out	26
P. M. E. Drury, not out	8
S. J. S. Lam, R. G. Bury, P. Banks, R. Tanner, did not bat.	
Extras	23
Total for 5 wickets declared	225
R.A.M.C. for 9 wickets	170

Bowling	O.	M.	R.	W.
Drury	3	1	17	0
Dyde	2	0	10	0
Banks	9	2	31	1
Clark	10	0	79	2
Bury	5	1	11	3
Williams	4	1	12	3

Guy's *v.* Nomads

At H.O.P. Result—Won. 30th June, 1957

Guy's

K. M. Pagliero, not out	27
T. J. H. Clark, l.b.w., b. Moore	8
R. W. Elsdon-Dew, not out	28
N. Russell, P. M. E. Drury, J. A. Dyde, M. N. Morgan, R. G. Bury, J. Lane, J. R. Norman, P. Banks, did not bat.	
Extras	2
Total for 1 wicket	65
Nomads for 10 wickets	64

Bowling	O.	M.	R.	W.
Morgan	13	6	29	5
Dyde	14	10	21	4
Drury	5	1	8	1

Guy's 2nd XI *v.* London Hospital 2nd XI

At H.O.P. Result—Won. 22nd June, 1957

London Hospital (R. Tanner 5 for 34) .. 118
Guy's for 5 wickets .. 119
(N. Russell 58 not out).

LADIES' LAWN TENNIS

Guy's *v.* Middlesex

Result—Lost 3-6. 15th June, 1957

Team : 1st couple N. Chapman, P. Cave
2nd couple M. Bown, J. Hawker
3rd couple M. Mackeith, A. Chamberlain

Guy's *v.* U.C.H.

Result—Won 3-0. 29th June, 1957

Team : 1st couple P. Cave and K. Allsopp won 6-5, 6-2.
2nd couple M. Bown and J. Hawker won 6-4, 5-6, 6-2.
3rd couple A. Chamberlain and K. Allsopp won 6-1, 6-2.

Three other games were also played against U.C.H., which Guy's won, but the usual 9 matches were not played owing to the heat and the fact that the Guy's team was one player short.

HOSPITAL INFORMATION

APPOINTMENTS

I. J. MacQueen, F.R.C.S., has been appointed Tutor in Orthopædic Surgery, United Bristol Hospitals, University of Bristol.

SIR ALFRED FRIPP MEMORIAL FELLOWSHIP

Applications are invited for the Sir Alfred Fripp Memorial Fellowship in Child Psychology tenable at Guy's Hospital. The Fellowship is open to medically qualified men or women under the age of 35, preferably with experience in Pædiatrics as well as in Psychological Medicine. Stipend £250 per annum. The appointment is for two years and may be held concurrently with a part-time appointment at Guy's Hospital or elsewhere. Applications should be forwarded to the Dean, Guy's Hospital Medical School, S.E.1 (from whom copies of the regulations may be obtained), together with the names of three referees, not later than **15th July, 1957.** Candidates should submit with their applications particulars of their previous career and a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Hallett Prize

The Hallett Prize has been awarded to Dr. R. Y. Calne of Guy's Hospital Medical School.

LAMBRINUDI MEMORIAL SCHOLARSHIP

I. J. MacQueen, F.R.C.S., has been awarded the Guy's Lambrinudi Memorial Scholarship in Orthopædic Surgery.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Primary Examination

R. Y. Calne — S. H. Richards
R. L. Edwards

Final Examination

J. W. Goodfellow — B. L. Whitaker
I. J. MacQueen

UNIVERSITY OF LONDON

Ph.D.

L. Brotmacher

CONJOINT BOARD

L.R.C.P., M.R.C.S.

June, 1957

Chemistry

A. P. Buirski — M. L. Uren
S. M. Stubbs — R. V. Westlake
J. D. Taylor

Physics

C. Ashworth — R. H. Pearce
M. J. Iles — S. M. Stubbs
A. Owen — R. V. Westlake

Elementary Biology

C. Ashworth — R. H. Pearce
M. J. Iles — R. V. Westlake
A. Owen

GUY'S HOSPITAL MEDICAL SCHOOL

Golding Bird Medal and Scholarship in Bacteriology

June, 1957

The following awards have been made :

B. S. Meldrum — Medal and Scholarship.
R. Cook, D. J. Richards — Certificates.

NURSING NEWS

Left : Sister Rigby.
S/N G. S. Evans.
S/N Snow.
S/N A. D. Allen.
S/M Vickers.
S/M Rutherford.
S/M O'Neill.

Entered: S/N J. Loveless—*Nuffield Theatre.*
Sister J. Milburn—*Caleb.*
S/N Channell—*Victoria.*
S/N Saxby—*X-ray Dept.*
S/N L. Van Beeck—*Theatres.*
S/N R. Grant—*William Gull.*
S/N B. Cheetham—*Nuffield A.*
S/N B. Zinck—*O.P. Dept.*

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.
Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

SRINGFIELD HOUSE, nr. Bedford. (Tel.: Bedford 3417). For Mental Cases (including the aged). Fees from Nine guineas per week. For forms of admission, etc., apply to the Resident Physician, Cedric W. Bower. Interviews in London by appointment.

AU PAIR : Capable French Girl, 18 years, would like to help in pleasant family for six months. In or close to London. Pocket money. Dr. Davies, Ransom Hospital, Mansfield, Notts.

Wanted

DENTAL ASSISTANT wanted by Guy's man in busy conservative practice in Harrow. Hours 9-30 to 6. High rate of remuneration offered, permanent prospects if mutually suited. Box No. 197.

DEVON COASTAL TOWN. Vacancy in three-man dental practice for an assistant (with a view to profit-sharing later on) preferably one who has completed National Service. Interest in children's dentistry an advantage but not essential—scope for all branches. Mostly N.H.S. but some private. Salary on percentage basis. Box No. 196.

For Sale

GUY'S DIRECTORY, 1957 (Medical and Dental), Price 10/6d., including post. Copies can be obtained from the Manager, *Gazette* Office, Guy's Hospital, S.E.1. PLEASE MAKE CHEQUES PAYABLE TO *GAZETTE* OFFICE

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6—Personal collection only—make welcome gifts—The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1.

BINDING. Have your *Gazettes* Bound. 10/6 per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

SHERLOCK HOLMES AND DR. WATSON. 2*s*. The Hound of the Baskervilles 1*s* Reprints available from *Gazette* Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

PAPERS BY GUY'S MEN

In order to make this list as complete as possible Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications .

Besterman, E. M. M. and others. Atrial Septal Defect and its Surgical Treatment. *Lancet*, 1957, i, 1255.

Bruce, R. A. Pulmonary Aspergiliosis. *Tubercle*, 1957, 38, 203.

Buckle A. E. R. and another. Macrocytic Anæmia of Pregnancy. *J. Obstet. Gynæc. Brit. Emp.* 1957 **64**, 396.

Burn J. H. and others. Effects of Noradrenaline and Adrenaline on the Atrial Rhythm in the Heart-Lung Preparation. *J. Physiol.* 1957, 137, 141.

Burn, J. H. and another. Effect of Lack of Glucose and of Lack of Oxygen on Ventricular Fibrillation. *J. Physiol.*, 1957, 137, 20P.

Murray, F. A. and others. Gastric Secretion in Pregnancy. *J. Obstet. Gynæc, Brit. Emp.*, 1957, **64**, 373.

Nissim, J. A. Hypertrophy of the Seminal Vesicles and Prostate following Degeneration of the Tubules of the Testis Produced by Various Methods. *J. Physiol.*, 1957, 137, 16P.

CHANGES OF ADDRESS

Mr. and Mrs. D. J. Chant, 6, Glencoe Road, Queen's Park, Bournemouth, Hants.

J. D. Broome, M.B., B.S., The Rockefeller Institute for Medical Research, 66th Street and York Avenue, New York, 21, N.Y., U.S.A.

P. S. Dunbar, M.B., B.S., Devizes Castle, Wilts. (Tel. Devizes 104).

John W. Hughes, M.B., B.S., The Gatehouse, Guilsborough, Northants.

A. G. McCallum, M.B., B.S., The Toronto General Hospital, Toronto, Ontario, Canada.

E. A. Murray, M.B., B.S., D.Obst. R.C.O.G., 33, Castle Street, Dumfries.

J. D. L. Reinhold, D.M., M.R.C.P., University of Colorado Medical Centre, Department of Pediatrics, 4,200 E.9th Avenue, Denver, 20, Colorado, U.S.A.

Florence Taylor, S.R.N., Flat 2, 103, Blackheath Park, S.E.3.

D. G. A. Westbury, M.B., B.S., 3, The New Cottages, St. Audry's Hospital, Melton, Nr. Woodbridge, Suffolk.

Surg.-Lt. (D) C. J. Wilkinson, R.N., Wardroom Mess, H.M.S. *Terror*, R.N. Base Singapore. Mrs. C. J. Wilkinson, M.B., B.S., c/o 5F, Jalan Kemaman, Johore, Bahru, Federation of Malaya.

F. R. H. Wrigley, Royal Victoria Hospital, Montreal, Canada.

BIRTHS

CLARE.—On 5th June, 1957, to Heather (née Campbell), wife of J. R. C. Clare, a daughter (Amy), a sister for Rosemary, Colin and Alyson.

COPPOCK.—On 9th June, 1957, at Freedomfields Hospital, Plymouth, to Maria (née Ferreira), wife of Surg.-Lt. (D) D. A. Coppock, R.N., a daughter (Phillipa Jane).

HALLINAN.—On 17th June, 1957, to Patricia (née Blackburn), wife of William Michael Hallinan, M.R.C.S., L.R.C.P., a third son (Michael Henry).

JEANS.—On 24th April, 1957, at St. Joseph's Hospital, Chatham, Ontario, to Anne (née Doyle, S.R.N.), wife of Brian Jeans, a daughter (Isabel Clare), a sister for Amanda.

MURPHY.—On 18th June, 1957, at Guy's Hospital to Margot (née Thomas, S.R.N.), wife of Dermott W. Murphy, M.B., B.S., a son (Anthony Patrick), a brother for Stephen, Adrian and Paul.

WHITE.—On 23rd June, 1957, at Buckland Hospital, Dover, to Micheline (née de Groote) wife of Christopher W. White, L.D.S.R.C.S., a son (Alexander Elliston), a brother for Gaetan.

MARRIAGES

CHANT—POUNTAIN.—On 29th May, 1957, at *Purley Congregational Church*, Purley, Surrey, Deryck Chant B.D.S., L.D.S.R.C.S., to Annette Pountain, B.D.S., L.D.S.R.C.S.

CUSHING—JASPERS.—On 22nd June, 1957, at Kingston-on-Thames, Douglas Cushing, B.Sc., B.D.S., L.D.S.R.C.S., to Joanna Jaspers.

LILLICRAP—ROBERTS.—On Saturday, 15th June, 1957, at Horsforth, Yorkshire, David Anthony Lillicrap, B.M., B.Ch., to Gwyneth Frances Roberts, S.R.N.

DEATH

MARSHALL.—On 21st May, 1957, Claude Herbert Marshall, of Mombasa, Kenya.

EDS. { T.W.H. P.M.E.D.

A Chance for Child-lovers

The geneticists, those unfortunate students of heredity, are agitated by the way families in this century have shrunk in size. If any race—whether of men or of animals—is to thrive, and maintain a good stock, they say, there must be plenty of them about, so that the genes have plenty of opportunities for reshuffle. The genes are those mysterious bits of nuclear protoplasm by which hereditary characteristics are handed down from generation to generation; and of course every child gets half his genes from his father and half from his mother.

Well, the geneticists say, there must be plenty of cards in the pack if shuffling and re-dealing is to produce interesting and refreshing combinations. The smaller the pack the smaller the variety of hands you can deal.

But the hereditary pack, confound it, doesn't even remain constant. The genes in every generation show . . .

Would you like to hear more? Unfortunately, space will not permit reproduction of the whole of this entertaining and informative essay, as it appeared in The Times. *It is one of a collection of delightful medical musings—all from the same wise and witty pen. If you would like a copy of "The Prosings of Podalirius" just send us a card at the address below.*

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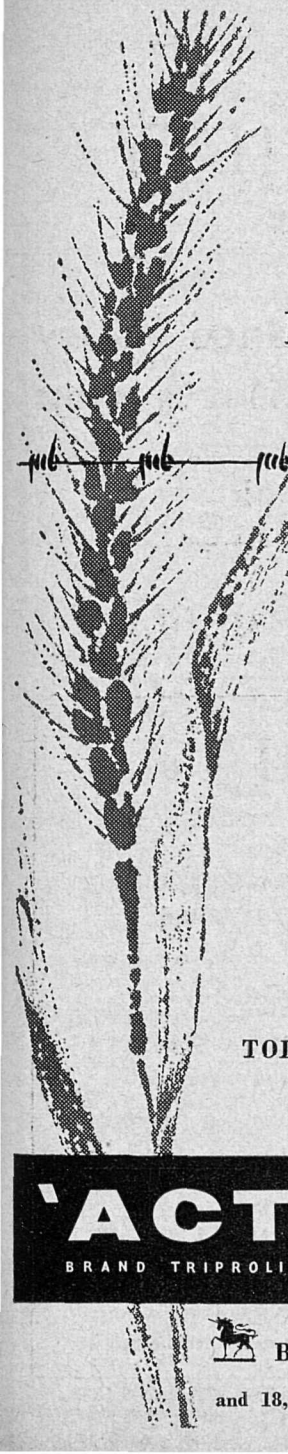

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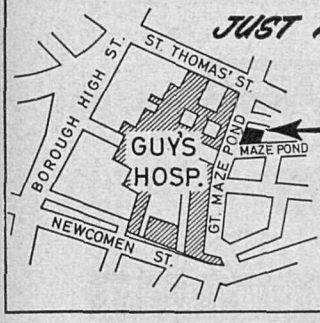

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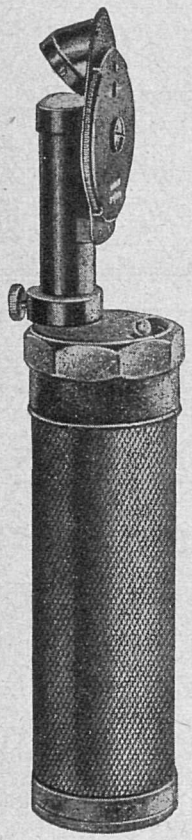

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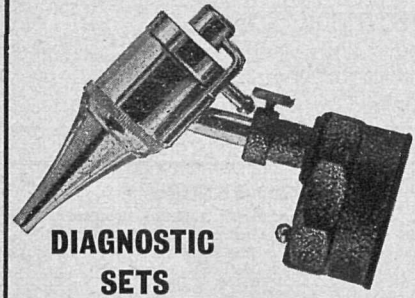

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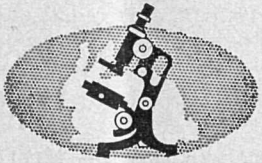

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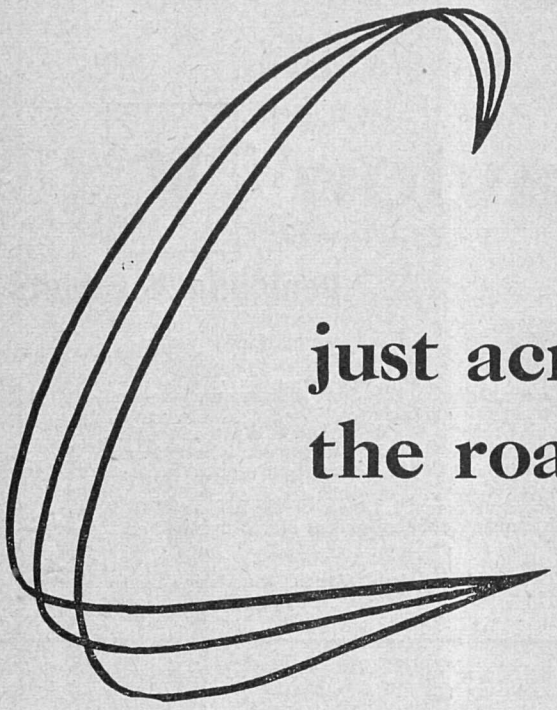

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PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1800 20*th July* 1957 *One Shilling*

PASSIM

The Humanities at Adelaide

AN innovation of considerable interest has been announced recently in an advertisement in *The Times* and the medical press for a new post in the University of Adelaide : that of a reader or senior lecturer in studies in the humanities for medical students. His duties will be " to interest and guide first-year medical students in general reading on the humanities and in the history and philosophy of science with *perhaps* some emphasis on their relation to the profession of medicine " (our italics). It is visualized that the person appointed may or may not be medically qualified. This we believe is the most ambitious and enlightened scheme yet brought to fruition for broadening the horizons of medical education. At Oxford and Cambridge, by the very nature of University life, the medical student cannot be insulated from the impact of other disciplines or quite untouched by the wealth of cultural activity going on around him. Nevertheless it is at Cambridge that there has until now been the greatest interest shown in this problem, and as well as courses in the history of science there have for some years been lectures on the humanities provided in the Long Vacation Term specifically for scientists. Through the selection of good lecturers who have avoided any temptation to talk down to their audiences these have been most stimulating and have drawn capacity audiences—a rarity for extra-curricular lectures in mid-summer. One such series broke sufficiently new ground to be published in book form.*

The Cambridge experiment is worth mentioning because it shows that a good deal can be achieved through traditional academic methods. Some people who accept the need for the humanities in medical education would question this method of going about it, but to our mind the Adelaide authorities shows signs of the right approach to the question. " It is provisionally expected that the teaching will broadly comprise a not very extensive course of lectures supplemented by a good deal of tutorial work ". In other words, we may anticipate that the student will receive encouragement and guidance along the lines of their own inclinations rather than being stamped into a universal mould marked " Culture—a smattering for medical students ". The vague wording of the advertisement—and the " perhaps " that we have italicized—suggest that the appointment will be regarded as experimental and be allowed to develop along what proves to be the most valuable lines, with the historical and philosophical background to science taking its place

* T. R. Henn, 1951. *The Apple and the Spectroscope.* Methuen.

alongside the humanities. We hope that after a year or two the fruits of the University's experience and the results of the scheme will be published so that they may be studied by other universities, not least our own.

The pioneering efforts of a comparatively young medical faculty thousands of miles away should give much food for thought here in London, where the medical schools enjoy nothing of true university life and are potential if not actual breeding-grounds of parochial medical bores. It is true that many students avoid developing in this way, and one of the most encouraging recent signs at Guy's is the rapid emergence of the Art Society ; but this, with the music, theatre and debating clubs, accounts for only a small proportion of our number, even taking into account those who take their cultural pleasures in less gregarious manner. There are far too many of the persuasion of a recent contributor to our pages who suggested that articles in a hospital magazine dealing with matters outside the narrow limits of clinical medicine were " a waste of medical space ", an attitude possibly flattering to our status as a learned professional journal, which of course we are not, but appalling in its implications of how little non-technical literature a medical student expects to read.

Pleas for breadth in medical education are readily held up to ridicule, partly because its exponents tend to preach, and partly because they are liable to attack from both sides—from the self-satisfied intellectual and from the self-sufficient ignoramus. But the London medical schools would be foolish to blind themselves to what is obviously a matter of concern, not only in Adelaide but in a liberal university like Cambridge. We do not advocate thrusting morsels of predigested culture down reluctant throats, but there is a vast field between the narrow technologist and indolent dilettante, where some professional guidance would help develop the sparks which should have been kindled at school. It is too much to hope that London University, or its medical schools independently, will attempt something of the kind that is beginning in Adelaide ?

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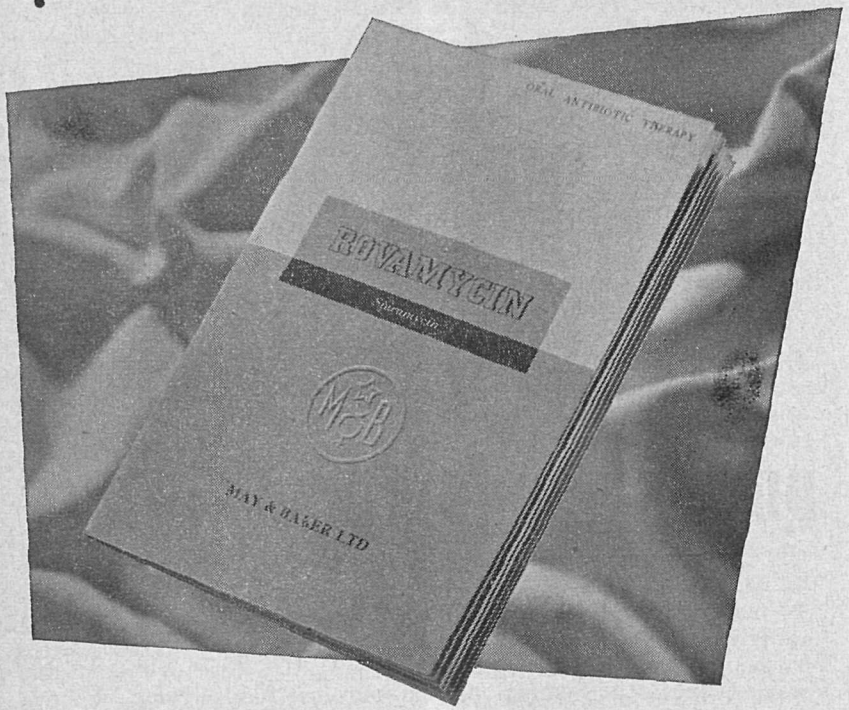

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MODERN MALADIES—OLD PHILOSOPHIES

I. CANCER OF THE LUNG—EPICURUS

By H. St. H. VERTUE

FORTY-FOUR years ago, or thereabouts, a youth was admitted into the Radcliffe Infirmary, Oxford, a worker in the fields, who was spitting up solid matter in the shape of worms, flesh-pink within, pale brown and glistening without, and so brittle that they broke in the spittoon. The physicians had no doubt that a cancer was growing with terrible rapidity in the poor lad's bronchi; but the senior physician was emphatic in his view that the way to make a diagnosis of cancer in this part is by observing prune-juice sputum. Eagerly he looked forward to this diagnostic sign of a rare disease, of which he had learnt from books but not from Nature; but he was doomed to disappointment. Anon the pathologist presented his report, declaring that the material was sarcomatous, though now he would probably speak of "anaplastic carcinoma"; and very soon the patient passed away. This deadly example of carcinoma of the lung was the only instance of that disease that I saw during all the days that I was a student, and never another came my way until I had been qualified for three or four years. Yet since that time there has been a very remarkable increase in this illness, which has been traced with certainty to a heavy consumption of cigarettes: there has been also a change in the method and extent of smoking tobacco, which is significant.

Cambridge men were fond of singing Calverley's Ode to Tobacco, when I came to Guy's. One verse runs,

Cats may have had their goose
Cooked by tobacco-juice;
Still why deny its use
Thoughtfully taken?
We're not as tabbies are:
Smith, take a fresh cigar!
Jones, the tobacco-jar!
Here's to thee, Bacon!

(Bacon was a tobacconist). Here observe that there is no Brown in the company to accept a cigarette, for when these verses were written, say about ninety years ago, few or none were smoked. Half a century later however there lay three methods open to the smoker, which embodied three distinct desires; the pipe—manliness; the cigar—opulence and luxury; the cigarette—connoisseurship and the art of living. Cigarettes were made of Turkish or Egyptian tobacco, were rather expensive, were selected according to personal taste and were consumed on a principle, that is sparingly and appreciatively, one after each meal as a rule, with the addition of two or three to be enjoyed with particular relish at chosen moments. A cigarette, said Wilde, is an example of the μονοχρονος ἡδονή, the pleasure of the moment that leaves one exquisitely unsatisfied.

But meantime the working man, previously content with his pipe, had begun to acquire a taste for cheap American cigarettes, which *he* called "fags" but *we* called "yellow perils" or "gaspers". No connoisseurship goes to the consumption of gaspers, a practice depending partly upon habit, partly upon addiction to the drug nico ine. The habit rests upon the soothing sensations that a baby derives from a comforter or pacifier: the drug, absent in the pacifier but present in the cigarette, acts upon the hypothalamic region and produces vague pleasurable feelings that are beyond analysis. Then came the First German War, which brought to many a man agitation and suspense such as he had never known before. To pull out a gasper, to suck it and to inhale the smoke gave temporary relief; and so a new habit was implanted in thousands, who would not otherwise have cared for such a thing. Yet when the war came to an end, the habit did not die but continued to spread, until a very large number became enrolled in the Physiatic tribe (*phusiao*, I blow, puff, gasp); and from this fact we may draw a deduction, that in many minds there was not serenity, even though the war was over. Even women fell victims in time, some of whom have learnt by now to consume immoderate quantities of cigarettes. Far more of the American sort are consumed in one day than of the Turkish or Egyptian, say a dozen, a score or even thirty instead of a number less than ten; for the fact is that between the old and the new methods of smoking there is a fundamental difference. The earlier exponent followed a principle first laid down by Epicurus, that pleasure has a maximum and that to seek addition

outside the due bounds is to lose rather than to gain. Therefore the wise smoker kept within bounds and secured the maximum of enjoyment. He could relinquish the practice at any time, always when training for athletics ; and he would then suffer nothing, deriving rather a mild satisfaction from his own self-control. The working man, on the other hand, and the unlearned generally, sought to increase their pleasure by multiplication—but all in vain.! Not only so, but they found themselves unable to shake off the habit, even when they wished. The old connoisseur has now gone his way ; cigars have become the luxury of the few ; and even the contemplative pipe has lost numbers of devotees. The gasper has prevailed over all and has brought in its train a new custom, that of inhaling the smoke. Sometimes I see fine youths and fair maidens exhaling the fumes that they have drawn deep into their bosoms ; and on their fingers now and again is a sordid stain : I admit that I feel a faint pang. That once rare disease cancer of the lung now slays more victims in a year than phthisis ; and the death is not a good one. So we are faced with the fact that in less than a lifetime a mortal disease affecting all classes has increased to a startling extent ; and we may be sure that if it were not for an unphilosophical grasping at pleasure, it would be much less frequent than it is, and that the mouth would not so gape nor the hand be outstretched if the mind were in the enjoyment of tranquility.

Over-smoking, then, proceeds from lack of philosophy ; but who shall be blamed at such a time as this, when disappointments and exasperations are so many and current philosophies so unfruitful and dry ? Pleasure is indeed a natural and a native good ; but for that reason the wise man makes use of it in his quest for the health of body and serenity of mind that the blessed life demands. He is ready to set aside pleasures that are ultimately deleterious and even to accept a certain amount of pain, if the subsequent pleasure surpasses the preceeding annoyance. He knows that not all delights are worthy of choice, exercises discrimination, weighs the good and the evil and recognises the boundaries that Nature fixes. "Seek wisdom when thou art young, nor being old grow weary of the search" is the advice of Epicurus, "for touching the health of the soul no one is unripe nor past the proper time. And he who says that the hour for philosophy has not struck or that it is past and gone is like one who says concerning happiness that the hour is not yet come or the hour has gone by. We must meditate those things that are productive of happiness, for if we have that, we have all ; and if it be absent, all our exertion is to attain it." Very different from this sober reasoner is the Physiatic Man, who in this respect at least cares nothing for the principles of right living, but in vain pursuit of a pleasure neither natural nor necessary risks his life and his health.

But above all things let us avoid censoriousness, a fault much worse than over-smoking or even than the drink. Let us take rather another leaf from immortal Oscar. The scene is laid in Erskine's pretty little house in Birdcage Walk, where host and guest are about to follow their fascinating guest, which leads to the plausible identification of Shakespeare's Mr. W. H. with a young actor, Willie Hewes. The host lights a cigarette, not as an automatic response to habit but as a significant gesture, and then unrolls the tragic tale of Cyril Graham. He offers to the younger man a few words of caution. "It is always a silly thing to give advice, but to give good advice is absolutely fatal. If you do, you will be sorry for it." With this sentiment I agree. We know that smoking cigarettes is responsible for a very large increase in cancer of the lung : and this is true even if some other factor should co-exist, as some assert. Medical men and medical students should be well able to decide for themselves what course to adopt and what recommendations to make. As for the disease itself, it interests the physician because of the paramount need for early diagnosis and the surgeon because of the opportunity it gives him for exercising his finest skill ; but the habit, from which the disease happens to spring, has a general interest. "Wisdom exceedeth folly as far as light exceedeth darkness. The wise man's eyes are in his head ; but the fool walketh in darkness." It would be more profitable to a heavy smoker to ask "Why is my philosophy so feeble ?" than " What are the chances for me of cancer of the lung if I persevere ?", though the odds for him have been reduced to about a tenth. Even at that figure he might accept them. We can do no more then than leave him in that case, with a farewell upon our lips, a hope for his good fortune in our hearts, and in our minds an aspiration towards a better wisdom.

Nonne videre
Nil aliud sibi naturam latrare, nisi utqui
Corpore seiunctus dolor absit, mente fruatur
Jucundo sensu cura semota metuque ?

"Know ye not that nature clamours for nought else but this, that pain be sundered far from the body, and that she enjoy in mind sweet pleasure, exempt from care and fear?" No Epicurean would smoke to excess.

In conclusion, smoking among women demands a little paragraph to itself. When the cigarette was introduced, to smoke them carried the suggestion that a woman was fast. A fast girl was a well-bred girl, who could discriminate nicely between propriety and morality, who with the aid of good looks, good breeding and gaiety could play tricks with the former but not outrage the latter, who was in the black books of Mrs. Grundy but won the affection of more spirited souls. Among these was John Leech of *Punch*, who artfully depicts a whiskered gallant setting alight with his own cigarette another that Beauty holds between her lips. Most elegant is she in her crinoline, with her little straw hat wreathed with flowers; and she carries off her naughtiness with a supercilious tilt that is quite delightful. Leech calls his picture "First Beginnings".: would that the beginnings had retained their pretty playfulness and never degenerated to the physiatic stage! However, women have an innate sense that addiction to tobacco does not become them well, with the result that chain-smokers form but a small proportion of the whole. That a few women do die of cancer in this way is true enough; but the odds in their favour are probably high, because their bodies are less disposed to malignant growth than ours, apart from their genital organs. Again, those tumours that do arise in women have their origin more often in the columnar epithelium of the remote parts than in the squamous epithelium of the larger bronchi; and it is the latter that the inspired fumes would most irritate. Finally, I suspect that if men abandoned the cigarette, much of its attraction for women would be gone. Then once again cancer of the lung would become a rare disease.

'PALLIDA MORS'

"Everbody over sixty ought to be poleaxed", said an old lady of eighty-two to me the other day, and, in saying so, was she not in good company Did not Osler say very much the same thing about people when they get to sixty? It is true the old lady in question had been in hospital for several months and felt rather worse, if anything, for the experience, and one notes that people who make this kind of remark about dying at sixty usually live a long time. As doctors we are naturally often confronted with the question of death, so much so that at times of stress the constant and daily preoccupation with disease and death is almost overwhelming. "Who", we ask ourselves, perhaps rather illogically, "would put up with it except doctors?" There are people with a poorly-developed sense of humour who like, on occasions, to associate doctors with undertakers, and thay are in no better case than the young man whom I once met who, whenever he referred to a doctor, called him a leech, and laughed immoderately when he did so. Needless to say we were not amused.

To have one's first sleep at night shattered, whether by having fallen asleep earlier on whilst listening perhaps to the banalities of T.V., or through having been called out and then having returned to bed, is to find that there is, as one gets older, a time-lag of about two hours before one can fall asleep again. One's thoughts run through a kind of emotional riot, and largely imaginary troubles are magnified a thousand-fold. Having no faith in counting non-existent sheep and being adamant towards taking hypnotics (how lightly some of one's patients increase their own doses, two, three or even four capsules at a time) I bethought me of the old lady and her poleaxe. How many instances can I think of in Literature, I wondered, where reference is made to death, sweet, bitter or in any other form?

Death of the youngest and best has been all too common since 1914. We remember some of our contemporaries of those days, "young and lusty as an eagle", never destined to grow old, only to have the story repeated in their own families in the case of many of the survivors of that holocaust. "Lycidas is dead, dead ere his prime", wrote Milton of a young friend who was drowned, whilst Shelley bewails the death of Keats, "O, weep for Adonais, he is dead". Keats himself says somewhere ". . . Oft have I longed for easeful death, called him soft names . . ."

The impartiality of death is what strikes some poets the most. The inevitable Horace has his say.

Pallida mors, aequo pulsat pede
pauperum tabernas regumque turres.
(Pale death knocks alike at the
doors of cottage and castle.)

Later on there comes to mind one of the Restoration poets' with the same theme.

The glories of our blood and state
Are shadows, not substantial things;
There is no armour against fate;
Death lays his icy hand on kings:
Sceptre and Crown must tumble down,
And in the dust be equal made
With the poor crooked scythe and spade.

Turning again to the classics, we think of Euripides with his "Call no man happy until he is dead", destined to become a favourite aphorism of the ancient Greeks. Then again there is that translation of Cory's of the Greek poet Callimachus, which a Greek manual which I was reading the other day says is an over-sentimental version. Its poignancy, however, makes it stick in the memory, and it is probably far sweeter than the original.

They told me, Heraclitus, they told me you were dead,
They brought me bitter news to hear and bitter tears to shed.
I wept as I remember'd how often you and I
Had tired the sun with talking and sent him down the sky.

And now that thou art lying, my dear old Carian guest,
A handful of grey ashes, long, long ago at rest,
Still are thy pleasant voices, thy nightingales, awake;
For Death, he taketh all away, but them he cannot take.

Not much is extant of the poems of Catullus. He went once to visit the grave of his brother who had died in some "foreign field" and immortalized him with his:

Atque in perpetuum, frater, ave atque vale.
(And so, dear brother, hail and farewell for ever.)

Coming back to English Literature, one would rightly expect Donne to have something to say on the subject of death.

"Oh Almighty Death"—he apostrophizes him.

Then again:

"Who ever got out of a Winding Sheet? Who ever threw off his grave stone? And what is so infinite as death?"

"Death is the last, and in that respect the worst enemy".

"For death in the Old Testament was a commination, but in the New Testament, death is a promise".

The French poet Baudelaire in his *Fleurs du mal* devotes a section to "La Mort":

La Mort des Amants
La Mort des Pauvres
La Mort des Artistes,

amongst others.

The ancient Romans disliked talking about death even in their wills, and would generally use some sort of circumlocution such as, "When my course is run". One has only to read the history of the twelve Caesars in Suetonius to realize that they were nevertheless not averse from inflicting wholesale death on others, and even during the Republic one reads that, after a revolt of Slaves, the Appian Way was lined with Crucifixes.

Perhaps these reflections in general on death were rather gloomy for a nocturnal reverie, but they accomplished their purpose and I fell fast asleep.

G.L.D.

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MEMORIES OF A PATIENT

By EMILY HOLTUM

I have seen Dr. Maurice Campbell at his out-patients clinic for the last time as he is retiring. I should like to wish him many happy hours in his retirement.

It was thirty-two years ago, in early June 1925, that I was admitted to *Esther* ward (now called *Mary*), under the care of Dr. John Fawcett. I remember him well, he had a very dainty pink shawl which he used to put round the shoulders of patients whilst he was talking about them to the students. It was then that I first met Dr. Campbell. He was the registrar and I have been under his care ever since. Dr. A. C. Hampson was the H.P., I think it was Sister Cornwall in charge, Sister Cross was then the head staff nurse, and Nurse Bricknell the head nurse, later promoted to Sister.

It was in that year, if I remember rightly, the nurses were allowed to change from black stockings to grey stockings, and a play was produced called *This Year of Greys*.

Many changes have taken place through the years, the stiff collars and cuffs of the nurses' uniform have disappeared. When a superior entered the ward, and nurse had her sleeves rolled up, quickly she would pull them down, and do up about eight to ten small buttons, put on her cuffs. Sometimes they were mislaid: "Oh, what a fright for a while".

The first probationer nurse had to sweep the ward three or four times a day and clean the brass on the top of the bedsteads, also the brass round the edge of the Consultant's table. On it stood a white hand bowl and jug, soap-dish, etc. A clean white towel, folded fan-wise, was put through the jug-handle. Patients' meals have changed, but the time of meals are just the same. In those days, for supper at 6 p.m. we had a choice, milk, soup or cocoa.

I remember the patient in the bed opposite me who seemed to be very worried. I asked her what troubled her, and she asked me if there was anything strange with her nose, I remarked, "In what way", she answered, "Does it smell?" "No, why?" She said, "When Dr. Ryle is on his round, he stands at the foot of my bed and he says, 'She's still sour-nosed, keep her on oxygen.'"

Each ward had its own cook. The ward maid came on duty at 6 a.m. and her first duty was to clear the grate, clean it, re-lay the fire, and light it for the day. She also scrubbed the ward floor, which took her from Monday to Friday. The cleaner sometimes helped in this task.

I want to say how much I enjoyed the hymn and prayer in the evening just before 8 p.m. This service must have been a help and uplift to many patients.

I remember the tea-lady in the out-patients, she was there for many years. I rember the long medicine queues at the Dispensary and the old medical out-patients department (where the X-ray department now is), and the crowd of patients waiting to see the doctor. One attended out-patients every two weeks in those days. The Lady Almoner's office was at the far end. Her name was Miss Grundy. I also remember the out-patients before it was extended back to where the buffet now is. High up in the wall was a huge fan, under it there was a table at which a porter used to stand. Patients put their O.P. cards on the table and the porter would find the patients case-papers, call out the name, and direct you to your department. Of course we patients read our case-papers.

I remember the greengrocer shop and the houses which stood where Salomons' Centre now is, also the round building in the Park, when I was lifted up, as a small child, to look through the window.

Christmas was always a very gay time; it began long before it was daylight with the nurses singing Christmas carols by the aid of lanterns which they carried.

I have a photograph taken at Christmas 1925; the ward was decorated as "Where the Rainbow Ends". In the picture are Dr. A. C. Hampson and I think Dr. Beddard, Sister, Students, Nurses, seven children, and patients including myself. In those days there were four cots in the ward, as there was no children's ward.

Guy's had its own orchestra, or dance band, call it what you wish. It was a splendid one and entertained us all with the popular songs of that day. The great artistes from the west-end theatres came and entertained us. Haydn Coffin was the entertainer. Winnie Melville and Derek Oldham sang *The Indian Love Call.*

Quickly the years have gone by and through those thirty-two years I have watched many nurses and students grow up in their profession. I have watched their promotions with eagerness and deep interest and have been thrilled at their success. In the Conjoint, Preliminary, S.R.N., and M.R.C.P. examinations I felt so sorry when I heard that one had failed. Today I am still interested in watching promotions and progress.

I have known Mr. Muir for many years. He used to assist Dr. Campbell in the old clinic at the top of the medical block, taking tracings of pulse and heart with what I thought was a wonderful machine.

My mother was a patient in Guy's for many months before she died in 1920, and my father worked for Guy's for many years. I feel that Guy's is a part of me, somehow I belong to Guy's and it is my second home.

To the medical, surgical, and nursing staff, I say sincerely a big thank you for the smiles and the cheery words of help and encouragement that have inspired me. They are to me gems, that shine out brilliantly to brighten this roadway called " Life ", thus making it easier and smoother to travel.

To Sister Cross who has retired, to Dr. Maurice Campbell, and to Dr. A. C. Hampson, I say sincerely thank you, for all your care and attention, and for the kindly words of advice given to me.

I wish you a very restful and happy retirement, mingled with comfort and good cheer. Also I wish to thank the Lady Almoner and Secretaries for their help.

My faith is in God, and Guy's " Loved Ones " and " Friends ".

CORRESPONDENCE

Letters to the Editor of the Gazette

The I.C.N. Conference

From Dr. R. C. Mac Keith

SIR,—Health visitors and everyone else interested in the prevention as well as the treatment aspects of medicine will be glad to know that the senior Health Visitor at the Salomon's Centre—Miss Coombe—was at the I.C.N. congress at Rome as well as the Matron and the Lady Superintendent of the Evelina.

Yours etc.,

R. C. MAC KEITH.

Guy's Hospital, S.E.1.

Sister Janet—An Acknowledgement

SIR,—May I through the kindness of the *Gazette* thank all the friends I have not been able to thank personally for their lovely gifts to me on my retirement. I shall look forward to seeing them shortly in my new house, The Limbers, Nutfield, where I hope very soon to be settled in.

Yours etc.,

JANET L. JAMES.

Homesdale,
Nutfield, Surrey.

Nursing in Canada

SIR,—I have just received the *Gazette* of 8th June, 1957 ; it has travelled a long way from the heart of London to the ' heart of the Haliburton Highlands ' of Ontario.

May I extend a welcome to any Guy's nurse who feels like adventure but is wary of the Canadian high cost of living, to join the Red Cross Outpost Service, where a comfortable home and full board is provided at reasonable cost.

I have been more than welcomed by the staff at Headquarters and here in this little 8-bedded hospital—a busy scene now that the tourist season is in full swing. One has to be a nurse of all trades, assisting at operations, taking X-rays, keeping dates with the stork and also coping with such evils as electricity and water supply failures.

Here the Registered Nurses wear a black band on their caps to denote rank but I have found both the staff and patients have accepted our attractive Guy's cap with the same confidence.

If any Guy's person is in this area, working or on holiday, I should be delighted to hear from them and show them round this modest but modern hospital.

Yours etc.,
GLORIA KEAR, S.R.N., S.C.M.

Red Cross Outpost Hospital,
Haliburton, Ontario.

REVIEW

Blakiston's New Gould Medical Dictionary. 2nd Edition. McGraw Hill Limited. *Price £4 6s. 6d.*

The revised second edition of this popular dictionary will find a place on the shelves of many a medical library. It contains in its 1463 pages an enormous volume of fact with useful advice on the pronunciation and deriviation of words. At the end, summary tables of weights and measures, symbols, enzymes and isotopes, pathological organisms and anatomical data will be of value to readers. The whole book is well bound and attractively printed. Thumb-indexing is used with resultant ease of reference. This is a good book with an assured sale to libraries and medical authors.

P.S.B.

Fifty Years Ago

From Guy's Hospital Gazette, July 13th, 1907.

The decision in the Appeal Court in the case of Harrogate Corporation *v.* Mackay, that a supply of water used by a doctor for washing his car does not come within the definition of a supply for business purposes, referred to in Section 12 of the Waterworks Clauses Act, 1863, is one of the highest importance to medical motorists. A legal member of the Motor Union writes as follows:—"The judgment is the most far-reaching yet arrived at. The terms of the Waterworks Clauses Act, 1863, are embodied in every local Waterworks Act, and prevail throughout the country. The result must have effect throughout the whole United Kingdom, and finally free the medical profession from an irksome and onerous liability which, but for the Motor Union, would undoubtedly have fallen upon them. Probably in all the annals of motoring no other decision will have such a wide-reaching effect, or will be more beneficial in preventing an unfair claim being urged against the motorist."

HOSPITAL INFORMATION

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS

The following Junior Staff Appointment and Reappointments have been made for the period commencing October 1st, 1957.

Medical Registrars:

Dr. C. L. Joiner
Dr. D. C. Deuchar (Seconded to Neurological Department)
Dr. G. W. Scott (Seconded to Bromley Group)
Dr. J. D. Williams
Dr. M. H. Lessof
Dr. D. A. F. McGill
Dr. I. E. Evans (On study leave in U.S.A.)

Junior Medical Registrars:
Dr. Jane Somerville
Dr. Joan W. Baker
Dr. W. D. Hayley

Surgical Registrars:
Mr. N. H. Porter
Mr. J. A. L. Davies
Mr. A. G. Parks
Mr. M. C. Gilbert
Mr. F. G. Ellis (Seconded to Bermondsey & Southwark Group)
Mr. A. W. R. Williamson (On study leave in U.S.A.)

Obstetric Registrars:
Mr. J. M. Holmes
Mr. A. S. F. Butcher
Mr. P. Dwyer (Seconded to Bromley Group)

Genito-Urinary Registrars:
Mr. C. H. Kinder (Seconded to St. Peter's Hospital until 31.3.58)
Mr. D. W. Thomas (Temporary appointment until 31.3.58)

Ear, Nose and Throat Registrars:
Mr. D. F. N. Harrison (Seconded to Bromley Group)
Mr. C. P. Mills
Mr. O. H. Shaheen

Thoracic Registrar:
Mr. D. N. Ross

Radiotherapy Registrar:
Dr. J. S. Bunting

Registrars in Department of Diagnostic Radiology:
Dr. M. Simon
Dr. P. Purcell
Dr. R. C. Michell
Dr. B. W. A. *Leeming*

Trainee Registrar in Department of Diagnostic Radiology:
Dr. I. H. Kerr

Registrars in Department of Physical Medicine:
Dr. J. B. Morrison
Dr. G. Holden
Dr. P. H. Kendall (Seconded to Bromley Group)

Registrars in Department of Anæsthetics:
Dr. R. J. Vale
Dr. J. A. Thornton
Dr. C. Bishop
Dr. D. C. Hodgson
Dr. M. W. Potts (Seconded to New Cross Hospital)

Assistant Hæmatologist and Blood Transfusion Officer
Dr. F. G. Stoddart

Chief Assistant in the Department of Neurology:
Dr. C. J. Earl

Neurological Registrar:
Dr. D. C. Deuchar (Seconded from General Medicine)

Registrars in Department of Clinical Pathology:
Dr. D. C. Turk (Seconded to Lewisham Group).
Dr. J. Bouton
Dr. G. B. Skinner
Dr. J. Liddell
Dr. D. S. Carmichael
One Vacancy

Registrars in Orthopædic Department:
Mr. B. H. Brock (Seconded to Medway & Gravesend Group)
Mr. J. R. Briggs
One Vacancy

Registrars in Pædiatric Department:
Dr. R. W. Smithells
Dr. R. H. R. White (Evelina Hospital).

Registrars in Dermatological Department:
Dr. P. R. Montgomery (Whole-time)
Dr. V. Wilson (Part-time)

Registrar in V.D. Department:
One Vacancy

Registrars in Department of Psychological Medicine:
Dr. H. M. Park (Seconded to Bexley Group)
Dr. S. W. G. Caseley
Dr. G. H. Daw
Dr. J. H. P. Willis
One Vacancy for Senior Registrar

Chief Assistant in the Child Guidance Clinic:
Dr. G. F. Vaughan

Registrars in Department of Ophthalmology:
Miss I. Gregory
Mr. S. S. F. Munro
Mr. P. H. N. Matthews

Registrar in Endocrine and B.M.R. Departments:
One Vacancy

DENTAL JUNIOR STAFF APPOINTMENTS

The following Junior Staff Appointments and Reappointments in the Dental Department have been made for the period commencing October 1st, 1957.

Assistants to the Visiting Dental Surgeons:
Mr. G. A. Kerr
Mr. E. McK. Sycamore

Registrar in Department of Minor Oral Surgery:
Mr. D. O. Brook

Registrars in the Dental Casualty Department:
Mr. A. R. Grice
Mr. J. C. Stephenson

Registrars in Dental Department for Children:
Mr. A. C. Campbell
Mr. R. W. Willcocks

Orthodontic Assistants:
Mr. M. S. E. Gould
Mr. H. D. A. Hope

Registrar in Department of Clinical Dental Surgery:
Mr. J. P. I. Rose

Registrars in Department of Dental Prosthetics:
Miss J. Elliott
Mr. R. B. Johns
Mr. A. J. Bridge
Mr. R. J. G. Day
Mr. P. B. Morris

Registrars in Department of Conservative Dental Surgery:
Mr. P. Ayling
Miss B. M. Langrish
Mr. D. London
Mr. A. H. R. Rowe
Mr. W. M. Boyle
Mr. P. Frank
Mr. J. N. James
Mr. W. C. McLachlan
Miss I. M. Thompson

Registrars in Department of Preventive Dentistry:
Mr. M. S. E. Gould
Mr. A. J. Bridge
Mr. D. R. Taylor

Dental Officer to Salomons Centre:
Mr. G. S. Loader

Staff Dental Officer:
Mr. D. R. Whittington

Registrar in Department of Dental Radiology:
Vacant

GUY'S HOSPITAL

Applications are invited for the post of **Senior Registrar in Psychological Medicine** at Guy's Hospital for one year, with duties commencing 1st October, 1957.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **2nd August, 1957.**

Applications are invited for the post of **Registrar in Orthopaedics (mid-grade)** at Guy's Hospital for one year, with duties commencing 1st October, 1957. Preference will be given to applicants holding the F.R.C.S.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **2nd August, 1957.**

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in Dental Radiology** (with attendance on 6 sessions per week) to commence duties on 1st October, 1957.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom application should be sent not later than **Wednesday, 21st August, 1957.**

Applications are invited for the following posts :—

(i) **Resident Anaesthetist** at Guy's Hospital : (Post-Registration).

(ii) **Resident Anaesthetist (S.H.O.)** at the Guy's Unit at New Cross Hospital.

Duties in each case to commence on 1st August, 1957. Applications should be lodged with the Superintendent, Guy's Hospital, S.E.1, on or before **27th July, 1957.**

Applications are invited for the following posts, duties to commence on **1st October, 1957.** *Appointments are for a period of one year in* the first place.

(1) **Two Dental Surgery Assistants** attached to the Consultant Clinics.
(Each Dental Surgery Assistant will be attached to half the Consultant Dental Surgeons and will be expected, in addition to her chairside duties, to carry out the secretarial work for the consultant to whom she is attached).

(2) **One Dental Surgery Assistant** attached to *the Department of Children's Dentistry.*

(3) **One Dental Surgery Assistant** attached to the Prosthetics Department.

(4) **One Dental Surgery Assistant** attached to the Local Anæsthetic Extraction Department.

Applications should be lodged in the **Superintendent's Office,** not later than **Wednesday, 31st July, 1957.**

Applicants may apply for any of the above posts and must state their order of preference of department to which they wish to be attached. They will not be considered for any post for which they do not apply.

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Lecturer in Pharmacology** at Guy's Hospital *Medical School for one year with duties com*mencing 1st October, 1957, and at an initial salary of £1,100 per annum, plus London Allowance, with family allowance and superannuation.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **2nd August, 1957.**

Applications are invited for the post of part-time **Junior Lecturer in Anatomy** at Guy's Hospital, with duties for one year commencing 1st October, 1957.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **2nd August, 1957.**

Applications are invited for the post of **Junior Lecturer** in the **Department of Morbid Anatomy and Histology.** Appointment to date from 1st October, 1957. Salary in the scale of £900 x £100 to £1,100 with F.S.S.U. and Family Allowance. Preference will be given to a candidate with an Honours Degree in a Basic Medical Science.

Forms of application are obtainable from, and should be lodged with, the Dean, not later than **25th July, 1957.**

Applications are invited for a **Research Fellowship** in the **Department of Pathology,** Guy's Hospital Medical School, S.E.1, to investigate the serological aspects of neoplasms. Opportunities for experience in general pathology and teaching. Salary from £850 per annum according to experience. Appointment for one year in first instance, renewable up to three years ; duties to begin mid September. Apply to the Dean, giving names of three referees.

Applications are invited for the post of **Assistant to the Director of the Student Health Service (part-time)** at Guy's Hospital Medical School, with duties for one year commencing 1st October, 1957.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **2nd August, 1957.**

HOUSE APPOINTMENTS

1st September, 1957

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st September, 1957.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians 2
1 *Pre-Registration* (Commencing 1.9.57)
1 *Pre- or Post-Registration* (Commencing 1.11.57)

Throat and Ear and Ophthalmic House Surgeon 1
(*Pre-Registration*)
(3 months at Guy's Hospital followed by 3 months at New Cross Hospital for E.N.T. duties only).

Neurological House Physician 1
(*Post-Registration*)

Children's House Physician 1
(*Pre-Registration*)
(2nd six months candidates only)

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

House Physicians in the York Clinic .. 2
Senior House Officers (Commencing 1.10.57)

R.M.O. Nuffield House 1
(Commencing 19.11.57)

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House Surgeon (To Mr. Cavendish) .. 1
(*Pre-Registration*) (Commencing 15.9.57)
(*Locum appointment from 28.8.57 to 14.9.57*)

ST. JOHN'S HOSPITAL, LEWISHAM
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JOYCE GREEN HOSPITAL, DARTFORD
House Surgeon (*Pre-Registration*) .. 1

SEAMEN'S HOSPITAL, GREENWICH
House Surgeon (*Pre-Registration*) .. 1

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House Physician (*Pre-Registration*) .. 1
(Locum appointment from 17.8.57 to 31.8.57)

Applications, giving choice of post and choice of hospital in order of preference, should be lodged in the Superintendent's Office not later than **Thursday, 1st August, 1957.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

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Medicine
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Surgery
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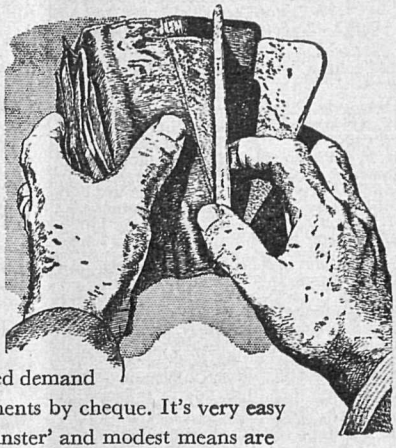

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N. Malcolm
J. G. Miller
*R. O. S. Sims

Part II
Principles and Practice of Physic

*A. A. Akiwumi
*W. J. Cliff
*T. R. P. Cullinan
*Kathleen E. Cuthbert
P. M. E. Drury
N. A. Harker
*I. McD. Jessiman
B. S. Kennett
*B. A. Latham
J. G. Manson
*T. A. Mathews
*M. N. Morgan
*Ann W. Peryer
*J. E. Robinson
G. Willett

Principles and Practice of Surgery

*A. A. Akiwumi
*W. J. Cliff
*T. R. P. Cullinan
*Kathleen E. Cuthbert
H. C. Hollingsworth
*I. McD. Jessiman
*B. A. Latham
N. Malcolm
J. G. Manson
*J. A. Mathews
J. G. Miller
*M. N. Morgan
*Ann W. Peryer
*J. E. Robinson
S. O. Wamuo

Midwifery and Gynaecology

*A. A. Akiwumi
*W. J. Cliff
*T. R. P. Cullinan
*Kathleen E. Cuthbert
P. M. E. Drury
*I. McD. Jessiman
*B. A. Latham
N. Malcolm
J. G. Manson
*J. A. Mathews
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*J. E. Robinson
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D. L. Morgan
N. N. V. O'Sullivan

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P. G. J. Dobson
Ann D. Fairclough
R. A. Forster
Jennifer P. Fry
J. Leyshon
D. L. Morgan
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A. Vejjajiva
Ann E. R. Welch

SOCIETY OF APOTHECARIES OF ENGLAND

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June, 1957

Surgery
D. A. Logan

Medicine
B. L. Copley
M. Roberts

Midwifery
D. A. Logan
M. Roberts

PAPERS BY GUY'S MEN

In order to make this list as complete as possible Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bishop, P. M. F. and another. The Stein-Leventhal Syndrome. *Proc. R. Soc. Med.*, 1957, **50**, 458.

Burn, J. H. and others. Ventricular Fibrillation in the Isolated Rabbit Heart. *Brit. J. Pharmacol.*, 1957, **12**, 215.

Campbell, A. M. G. Facial Pain. *Med. Pr.*, 1957, **238**, 37.

Campbell, Maurice and Missen, G. A. K. Endocardial Cushion Defects : Common Atrio-Ventricular Canal and Ostium Primum. *Brit. Heart J.*, 1957, **19**, 403.

Camps, Francis E. The Doctor, the Coroner and the Police. *Practitioner*, 1957, **179**, 37.

Close, H. G. and another. Macroglobulinæmia. *Lancet*, 1957, ii, 8.

Dixon, A. St. J. and another. Honeycomb Lung and Chronic Rheumatoid Arthritis. *Ann. rheum. Dis.*, 1957, **16**, 241.

Douthwaite, A. H. and Booth, M. Inhibition of Gastric Secretion of Acid with Mersalyl (Mercurgan) Gastroenterologia, 1956, **86**, 381. Also Int. Congr. Gastroenterology, 5th meeting, London, 1956.

Goldsmith, H. G. Paralytic Poliomyelitis in a Spastic. *Lancet*, 1957, ii, 25.

Goulding, R. Discussion on Recurrent Otitis Media in Children. *Proc. R. Soc. Med.*, 1957. **50**, 413.

Hunt, J. N. The Influence of Low Concentrations of Acid in Test Meals on Gastric Digestive Activity in Patients with Duodenal Ulcer. Gastroenterologia, 1956, **86**, 506. Also Int. Congr. Gastroenterology, 5th meeting, London, 1956.

Irvine, R. E. and others. Renal Function in Prostatism. *Lancet*, 1957, i, 1322.

Kauntze, Ralph. Malignant Hypertension : Modern Views. *Med. Pr.*, 1957, **238**, 14.

Mill, W. A. Discussion on Facial and Palatal Repair in the Treatment of Malignant Disease. *Proc. R. Soc. Med.*, 1957, **50**, 433.

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Ogilvie, Sir Heneage. The Human Heritage. *Lancet*, 1957, ii, 35.

Piercy, John E. Carcinoma of the Thyroid. *Postgrad. med. J.*, 1957, **33**, 346.

Pond, D. A. Epilepsy as a Medico-social Problem. *Med. Pr.*, 1957, **237**, 574.

Robson, J. M. and Sullivan, F. M. The Effect of Cortisone on the Multiplication of *M. tuberculosis* in Normal and Immune Mice. *Brit. J. Pharmacol.*, 1957, **12**, 240.

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BIRTHS

BAIRD.—On 4th July, 1957 to Sheila (née Hornby, S.R.N.), wife of Hugh M. Baird, M.B. B S., D.Obst.R.C.O.G., a son (*David*).

FARNAN.—On 1st July, 1957 at 4, Shirley Ave., Shirley, Croydon, to Jean (née Fuller), wife of A. J. Farnan, a daughter (Judith Elizabeth), a sister for Sally Ann.

HENRY.—On 10th July, 1957 at Queen Charlotte's Hospital to Patricia (née Darmody), wife of Ian Henry, M.B., B.S., a son (Mark Robert).

TWEED.—On 23rd June, 1957 at Queen Charlotte's Hospital to Beryl (née Dalling, S.R.N.) wife of William M. E. Tweed, M.B., a son (Martin Arthur Elvery).

VAN DEN BERG.—On 24th May, 1957 at Guy's Hospital to Drina and Van, a son (Phillp Adrian).

WADE.—On 6th July, 1957 at Whitehaven, 61, The Drive Hove, to Mary (née Bell) wife of Geoffrey E. Wade, L.D.S.R.C.S., a son (William Geoffrey), a brother for Rodney and Celia.

MARRIAGES

BROWNE—NOTLEY.—On 6th July, 1957 at St. Peter's Church, Slinfold, Sussex, Eric Wilfred Haydn Browne to Ann Margaret *Notley*, M.B., B.S.

ILLINGWORTH—WALKER.—On 3rd July, 1957 at Newbury, Berks., John Illingworth, M.B., B.S., to Eileen Walker, M.S.R.R.

DEATH

JONES.—On 30th May, 1957 George Basil Henry Jones, M.R.C.S., L.R.C.P., of 10, Poole Road, Bournemouth, Hants.

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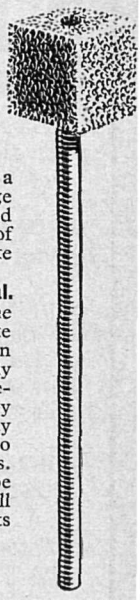

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But the hereditary pack, confound it, doesn't even remain constant. The genes in every generation show . . .

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GUY'S HOSPITAL GAZETTE

3rd August 1957

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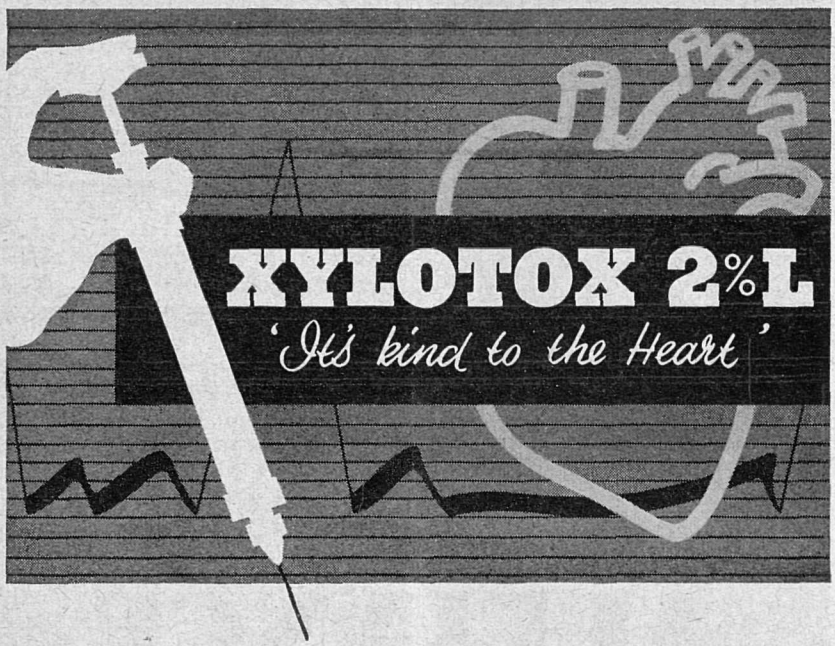

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

Meditations on Smoking

THE recent Government statement on the relation between smoking and lung cancer told us very little that we did not know already, but it raises a few diverting points. For example, what is the real value of such statistics as they have produced ? A well-known clinical lecturer at Guy's will, I hope, allow quotation of one of his aphorisms. He said that statistics in medicine may be like a bathing belle in a bikini : what is revealed may be very suggestive, but what is concealed may be vital. On the one hand, a distinguished Harley Street physician, in a recent letter to the press, made the point that the incidence among doctors of lung cancer and the wearing of Anthony Eden hats might well bear a close relation ; and it has also been pointed out that the increased incidence of this disease runs a fairly close parallel with the increase in circulation of the *Daily Express*. On the other hand, the insistence on the connection between smoking and lung cancer may push some other possible ætiology into the background. Atmospheric pollution by factories and by exhaust pipes seems to have been temporarily forgotten, and the use of petrol lighters may not be without danger.

In fact the position is far from clear. The discovery at different times of possible causative factors, such as benzpyrene, radioactive potassium, some substance used in curing, or something in the paper in which it is presented to the public, adds to the confusion. We are told that smoking cigars and pipes is less dangerous ; the inference seems to be that the practice of inhalation is a relevant factor, and a careful enquiry into this habit and its relation to the disease would be well worth making. But is it not likely that Sir Winston Churchill and others like him, with years of experience, have developed the ability to inhale the more potent cigar smoke ? Sir Compton Mackenzie probably has ; he started smoking at a very early age, and tells of how his father caught him at it at the tender age of nine, and invited him to smoke a whole cigar to cure him of the habit. The parental surprise when the youthful smoker failed to exhibit the expected symptoms of pallor and nausea may be imagined.

The Government are in a difficult position ; they can not be too dogmatic without making embarrassing inroads into their Budget. But then nobody knows what the pathogenesis really is. The tobacco firms report business as usual, so that the public remain unimpressed. Some of them wrote to the newspapers about it ; one suggested to

give up smoking would encourage obesity, which would in turn bring a number of other diseases in its wake, and another said that he was continuing to smoke but had given up reading. We must, however, remember what our distinguished contributor, Dr. Vertue, told us recently in these pages, that over-smoking proceeds from lack of philosophy. But altogether we require further evidence before we give it up completely ; after all, it has been a habit in this country for nearly four hundred years. And now, before we go to press, there is time for a cigarette.

The tragic death of Dr. Reinhold in America will have come as a profound shock to all of us. It was only recently in these pages that we wished him well in the New World and regretted his loss to Guy's. We forgot to mention that he edited the *Gazette* between August 1944 and August 1945. To his wife and children we extend our deepest sympathy ; we commend the suggestion of a correspondent on page 321 that a fund should be opened towards the childrens' education. An Obituary notice will appear in the next issue.

Efforts to meet the cut in the Hospital's budget continue. Turning to a field where extravagance easily occurs, an attempt is now being made to reduce expenditure on X-rays by ten per cent. We welcome the circular which announces this, for it differs notably from the previous one which called forth our unfavourable comment. No new regulations have been formulated, but clear guidance is given on the ways in which economy can be effected. The rest has rightly been left to the initiative of house officers, and we do not think the results will be disappointing.

After all the furore about Doctor's pay, the recent award to M.P.'s seems to have excited little comment. One correspondent to the newspapers suggested that the question of the award should be considered by a committee of doctors ; but, perhaps fortunately for the politicians, they are probably too busy. The idea might appeal to those in search of a little innocent fun.

Mr. Walter Elliott, the Conservative M.P., was recently quoted as saying to a House of Commons committee that he could teach any of its members at one sitting all the Anatomy necessary in Medicine. At first sight this appears to be a rather light-hearted statement, and one not a little galling to those of us who spent much time and toil at this particular subject. One is tempted to be rude about his qualifications, but on looking them up they turn out to be M.B., Ch.B.(Glasgow) 1913, and F.R.C.P.(London) 1940, among others. Nevertheless, this emphasizes the danger of a précis of what was probably a more elaborate and sensible statement. Perhaps he referred to first-aid workers and not to consultant surgeons.

So tranquillizers do not tranquillize after all. A group of workers who researched into the problem recently were disappointed in them. Perhaps this will be felt more keenly in America than over here, but it is surprising that even largactyl was found to be relatively unsuccessful. The manufacturing firms will have to find something else before the next M.B. and Conjoint examinations.

GUY'S DIARY

AUGUST

8th Th 1.00 Dr. Brandon Macomber (Chief Plastic Surgeon, Albany, N.Y.). Clinical Lecture. *Reconstructive Surgery of the Eyelids.*

9th F 1.00 Dr. R. M. Kirk (Professor of Medicine, University of Illinois). Clinical Lecture. *The Nephrotic Syndrome.*

Thirty Years Ago

From Guy's Hospital Gazette, 30th July, 1927.

It has been well said that we live in an age earmarked by change. We have only to look back a few years to remember the quaint buff-coloured buildings of Regent Street, now almost entirely replaced by the vaster white buildings of modern architecture. The hospital of to-day is greatly changed from that of twenty years ago—improvements are constantly taking place, old departments are rebuilt and new departments constructed to suit the requirements of the present age.

Thinking thus we often wonder what Guy's Hospital of some twenty years hence will be like. Shall we still be our own hospital, ruled by our own Governors or shall we be a part of a National Medical Unit?

At the meeting of the British Medical Association, held recently at Edinburgh, we noticed that the future of the hospitals of this country was discussed, especially with regard to their future relationships to the Poor Law Infirmaries. Reform of administration of the latter was urged with considerable enthusiasm, and it was suggested that the reform productive of the greatest benefit to the sick would be that obtained by the handing over of the control of these Infirmaries to the local Municipal Authority.

Further, the ideal would be reached when the voluntary hospital and the municipal hospital were under some joint management, both in respect of the provision of their medical staffs and the engagement and training of their nurses. In this suggestion we forsee the possibility of an era of State control in the Medical profession, a time when the general practitioner will become a paid servant of the State, and the practitioner of today will be merely a memory of the past.

Whether this would result in the ultimate benefit of the health of the community as a whole is at the moment a matter merely of conjecture, but it would seem that some stringent supervision of the health of the nation is necessary, especially with regard to the teaching of the lay public the fundamental principles of good health.

The creation of such a hospital service for the whole country would most likely have a great deprecating effect upon those sources from which the voluntary hospitals at the present time obtain their charity. Some scheme could, however, be planned whereby the cost of the hospital service would fall more heavily upon those who had the ability to pay than upon those who had not got such resources. We feel that in this country the community should be quite able to support an efficient hospital service and that by making those, who were financially able to do so, morally and legally responsible for the upkeep of such a system of hospital service, the present financial standing of many of the hospitals of this country would be put upon a surer and stronger foundation.

THE SPECIALIZATION OF AGE

By HUGH BARBER, M.D., F.R.C.P.,
Physician Emeritus, Derbyshire Royal Infirmary

"You might just as well say," added the Dormouse, "that I breathe when I sleep is the same thing as I sleep when I breathe."
"You might just as well say," said the Physician, "that the Age of Specialization is the same thing as the Specialization of Age."
"We shall make it the same thing," said the Administrative Medical Officer.

SOME years ago I was called in consultation one dark December evening to see an old man of ninety who was coming towards the end of his days. We came from the sick-room to interview a tired wife and several female relatives, the leader of whom told me that the patient was very exacting, adding the comment that "his mother spoiled him when he was a boy." I suggested that was going back rather a long way ; but I rose to the occasion by saying that perhaps the same thing might be said about myself at home, because it is always a help to the relatives to have a doctor who understands.

These family traditions are not without interest but the point of the story for my present theme is that life, however short or long, is one continuous journey from the cradle to the grave. In human understanding the art of doctoring is, with children to be as one of themselves, with adults to be a little bit detached, and with the elderly to take an interest in their past activities. A wide and varied field of practice keeps the doctor young and enables him to study human nature and disease in every stage of life. It would appear that this privilege is no longer within the province of the hospital physician but can only belong to the general practitioner.

There is an important question for the medical profession to consider, which is this : if a particular age-group has special hospital needs, does that age-group need a specialist physician ? Many of us would, I think, say no. But the administrative officer of a regional hospital board would answer in the affirmative ; because that is the line of uniformity for filling vacant posts.

Pædiatrics

Time was when a physician could have charge of beds in a children's ward and equally have care of adults. The evolution of medicine in the teaching schools developed a speciality in pædiatrics but in provincial centres there was excellent work carried out by physicians who were not compelled to relinquish the case when the child was too big for a cot. For the study of many diseases this was a great advantage—to take two examples, rheumatic fever and endocrine disorders.

There is an important study in progress with regard to preventing recurrence of rheumatic fever by a long course of sulphonamide and penicillin. Beginning in childhood ; how will a pædiatrician supervise this, a course which is to continue, perhaps, for ten or fifteen years ?

With the rigid uniformity of a national medical service this is no longer possible. At a medical committee of a regional board it was suggested to me that for a physician with adult beds to have charge of children would be comparable to a general surgeon undertaking gynæcological operations. It appeared to be more a question of poaching on vested interests than a consideration of the need of medical science or of the patients.

The pædiatrician has such an excellent all-round experience of disease—a wider sphere in many ways than those who look after adults—that perhaps this

dividing line, with its limitations, brings little or no frustration ; but there must be some who would like to follow their patients through adolescence, or further, as we did in my generation. And of course in provincial towns of moderate size one may know the life history or keep in touch with hospital patients for many years.

A friend of mine, with a wide hospital experience of this sort, was introduced to a registrar in a specialist cardiological department, where he saw a number of patients with extremely interesting detailed investigation. But the registrar kept seeking my friend's opinion as to how and when the trouble started and where it would lead. That was asking a good deal but there are fewer physicians today to whom one could put such questions—which would cover twenty or thirty years of life.

Some years ago there was an interesting series of twenty renal dwarfs at the Derbyshire Royal Infirmary, met with over a period of about twenty years. At the age of six or seven there would be thirst and polyuria which could be investigated by a short period in a children's ward. Towards puberty renal rickets would be responsible for another visit to hospital but the final episode of uræmia came usually towards seventeen or eighteen years of age in a ward for adults. The same physician could take charge of them throughout the course. In those days, indeed, he might carry out the autopsy which demonstrated small fibrotic kidneys ; of which he had nine opportunities. The clinical picture was not described in the medical text-books before the series was published. That a pathologist should nowadays carry out the autopsy is reasonable. But the life history of such a problem is better understood if there is no change of physician.

Here one might digress into the question of research. It is not really in the best interest of medicine that a candidate for a consultant post should be asked about research or publications. Better it is to discuss the experience and enquire about notes taken and problems marked for future study. The best research has been carried out for the fun of the thing and the longer the study the better it will be. The modern idea that a prize should be offered for research by registrars is open to criticism. A prize means that the work must be completed (at any rate up to a point) by a particular time ; which among other things may limit the choice of subject to something rather trivial. It is the fashion now to suggest that it is a good thing to have an "incentive". The dictionary tells us this means "tending to incite".

Looking back to the registrars of fifty years ago, one feels that what Osler called "adding to one's cerebral capital" was stimulus enough. Something by way of research might come naturally into the picture but the experience gained daily was the essential reward for good work. But in those days of course a man had more scope for planning his own future. Even a Chancellor of the Exchequer did not have to talk about incentives.

Some of the physicians, fifty years ago, who were in charge of adult beds and also of the children's ward in the same hospital or better still a Children's Hospital, were very knowledgeable in diseases of children. The books they wrote were excellent and are readable today. The modern pædiatrician has added much but a few rounds in the adult wards would not have been a handicap to this.

The economic problem of earning a living—of having something rather special to which a general practitioner could appeal—encouraged some consultants to narrow their field of activity. With the coming of a National Hospital Service, with payment for hospital work, there was a great opportunity of encouraging the general physician ; and only to have highly specialized departments in research centres of University Hospitals. The administrative rigidity of the system, however, would appear to be leading us toward more dividing lines.

Geriatrics

Whereas pædiatrics was developing naturally in University centres and has only become more rigid in the Regional Hospital system, this newer so-called speciality of Geriatrics is being forced upon the profession.

Hospitals and wards set aside for the elderly in the form of geriatric units, with the finances of the board available, have improved many institutions out of all recognition but that does not justify a speciality. Regular rounds by a consulting physician with daily attendance of one or two general practitioners can give excellent service and will encourage doctors of wide experience. But one only has to look at the advertisement pages of the journals to see that the administrative officers and medical committees are forcing a new speciality on the profession ; all because some poor old folk are better cared for in wards of their own. On the same page

we find advertised the post of Consultant Geriatrician for a full number of sessions. Then follows one for a Registrar in Geriatrics and next because a "pair of hands" is needed in a geriatric unit we find the advertisement for a House Officer, baited with the suggestion that "the post offers excellent scope for persons interested in the speciality". So there we have it.

It seems inevitable that a diploma in geriatrics will follow. There will be special books to read. But speaking as a prospective patient I would say—keep our minds interested ; do not tell us we are elderly tending towards senility ; set us thinking of the past, help us to die with our boots on and be as old fashioned as you can. Do not spend too much money on the doctors when it is nursing and domestic help which is our need.

No one has benefitted more than the old folk from the up-to-date surgeon and anæsthetist. For their medical attendant, however, they would like to have a doctor who radiates enthusiasm by virtue of his all-round interesting calling and not one who is in danger of being depressed by the monotony of seeing them only. There is an art in doctoring old people which it is a pleasure to cultivate. They want a doctor who can remind them of their youthful days. But to be really alive it needs mixing with other activities and the old people know this.

Speaking on behalf of the elderly, however, I would say that we do not wish to be churlish. We were individualistic in our youth, but if we must be grouped, so that it becomes inevitable that our doctor is a duly qualified geriatrician, complete with diploma, we must gratefully accept his services.

When Sam Weller and his father were discussing the death of Mrs. Weller, Sam said—

"Vel, govnor, ve must all come to it, one day or another."

"So we must Sammy," said Mr. Weller the elder.

"There's a Providence in it all " said Sam.

"Of course there is" replied his father, "Wot'ud become of the undertakers vithout it, Sammy."

Where to draw the line

In wartime when clothes were rationed a concession was made to the elderly. In answer to a Parliamentary question, came the reply : "For the purpose of this order an elderly person is one who likes long-legged woollen pants." One can see that a dividing line with regard to age cannot be very rigid.

However, to begin at the beginning, the hospital experience of the pædiatrician would appear to be limited by the size of the cot. They have staked their claim for more than fifty years and perhaps more recently been in touch with infants in the maternity wards. After the children's specialist there comes a gap ; except perhaps for the doctor of a big boarding school who has charge of adolescents. For the doctoring of young manhood the name of ephebiatrics was suggested ; perhaps for the group of recruits.

Recently there comes the demand for a specialist mesiatrician who will be concerned with the diseases of the middle-aged. The line is to be drawn to include a group between forty and sixty years of age. In making the claim that it is in these years that there is scope for guidance, prevention and research, nothing very original is put forward. Many physicians and family doctors have practised and researched in the field of mesiatrics. To suggest that one should have the title seems rather futile to a generation who in their time could, in hospital work, be a pædiatrician, an ephebiatrician, a mesiatrician and a geriatrician each and every one in due time and season. Not only could we record some disease, or piece of natural history worthy of the name of research, but could follow the individual from one age-group to the next and possibly to a third.

The justification for a specialist mesiatrician was put from the point of view of research. It would appear rather trivial. Why should not a man research on middle-age, or on any group of which he has experience, without a specialist designation ? It is important to remember, however, that if a Society is formed of specialists of a particular age-group there may be a tendency to discourage the work of those who do not agree to confine themselves to that group only.

The most difficult line to draw is the one for geriatrics. Old age does not depend on the date of birth. Sir James Barrie thought it was a sign of old age to be able to sleep in an armchair. A friend of mine, between fifty and sixty years of age, wondered if he were elderly because a young lady offered him a seat in an

omnibus. Some men entitled to the services of a mesiatrician, or even an ephebiatrician, like long-legged woollen pants in winter.

Sir Thomas Barlow, aged eighty-six years, when he heard of the death of a colleague aged eighty, said, "Poor fellow cut off in his prime". Of course such a remark savours a little of senile pride ; but it suggests one who would not willingly seek the services of a geriatrician. The health of the octogenarian may be none the worse if it is associated with a little pride ; but of course the mesiatrician would need to inculcate moderation and humility.

Rabelais said "Am I to be granted a span of hale and healthy life equal to the sum of years lived by a dog and three cows" ? We might draw the line there ; or perhaps with a little more decorum in the words of Sir Thomas Browne, who names it the Psalmist's span. Suppose we say that geriatrics begins at seventy. That sounds reasonable enough—until of course you are over seventy yourself.

Some day a family doctor may be giving evidence in court about one of his patients, whose life has exceeded the Psalmist's span, when the question will be put—"Was he seen by a qualified geriatrician ?" Rather far-fetched, you think. I am not so sure, if we continue our present rate of travel along the road of the standardization of human personality.

Conclusions

When I was in the dissecting room they told the story of the elderly doctor who sauntered in, picked up a skull, put his finger through the foramen magnum and remarked "Ah ! boys ; many a good drink of beer may have passed through this".

We could see the humour of his anatomical mistake ; but looking back one cannot help feeling that his elderly brain-wave, in any case, was not very profound. Herein (and I myself am in it now) is the old man's trouble ; how can he tell ? Perhaps his remarks, and more so his writings, should be checked by a geriatrician. The case of the father who said "I will think about it", to whom his daughter replied, "What with ?", may be reasonable enough. But a grand-daughter might hesitate to act as a corrective, lest it seemed like want of respect.

If I had my time again, as the phrase goes, and were planning a course as physician in the circumstances of today, I would undoubtedly choose to be a pædiatrician. In the children's wards there is a wider variety of general medicine with less tendency for someone else to claim the heart or lungs or stomach than in adults. Instead of reading books on psychology one may learn by observing the child's mind at work, always assuming that one comes down (although I should say up) to their level. Nevertheless, I should be sorry to feel that I was precluded from any chance of studying a particular patient over a period of fifteen or twenty years. In a provincial centre that has been easily attainable.

I remember in Victorian days, hearing about an unmarried lady, full of good works, who took a group of factory girls to Yarmouth for an outing. On the way home in the train she touched on some matters of etiquette, saying, "You don't see me waving across the street to strange young men". To which one of the girls replied ; "No, but don't you wish you could ?" Such is the power of convention.

Although many of the physicians who confine themselves to a particular age-group will take pride in the restriction, there must be others who would wish to be freed from this rigid convention. In a discussion recently in an important medical society on an epidemic of virus meningitis, a pædiatrician gave his observations on two children affected but of the mother who was also a victim, merely said she was out of his age group.

From the patients' point of view we can all agree that the children with their pædiatrician have got the very best of doctoring. But I cannot believe that any other age-group of patients would wish to have a doctor confined to them. Furthermore there are many reasons why as a medical life the limitation would make it dull.

With regard to my old friend of ninety whose mother spoiled him when a boy there is no very definite action to be taken. It is too late to tell his mother that she must not do it again. How would it be, however, if an old man in a geriatric unit brought an action for neglect against his mesiatrician ?

"You ought to put an exclamation mark here", you say. Perhaps ; but in another ten or fifteen years one might be able to delete it. One must leave the door open for—well, with so much planning in the air, for almost anything.

From time to time the cry goes up that the doctor wants time to think. In all the good work that goes on in committees is there time to consider whether there is a little too much rigidity ? Have Committees time to think and does the enthusiast find himself rather frustrated in committee atmosphere ?

If two physicians, one of them a pædiatrician, got together and wished to swop a few sessions between the children's and adult wards, or perhaps with the geriatrician, there would be a hullabaloo. But they might be very good doctors, capable of adding something of value to our medical knowledge.

The elderly must move with the times ; that is obvious so far as action is concerned. But, in thought, they are entitled to hint that not all movement is in the right direction. Administration must make things uniform and tidy. It is very important. It is, however, becoming increasingly difficult to be a bit of a heretic ; or in any way to deviate from the pathway of routine. Yet the progress of medicine owes a good deal to men who, in their time, appeared unorthodox ; or at least to be a law unto themselves. Some mute inglorious Lister, Robert Jones or James Mackenzie may lie buried in the limitation of a narrow field.

Although I can still remember what goes through the foramen magnum without having to look it up in a book, I am long past the stage when it would be reasonable to make any attempt to put the world to rights. But one might ask some questions. Why should not a registrar go round a bit from one so-called speciality to another which is closely allied, for example general medicine, cardiology and pædiatrics, all during his allotted period ? Is it fair because a consultant needs help in a geriatric unit to condemn an unestablished keen young man to accept the post of registrar in geriatrics ? Do we recognize the difference between real enthusiasm for a job and salary-drawing ?

We are all part of fallible human nature, however. There are many good features in a national hospital service. If a man who has lived as long as four cows makes a nuisance of himself, by discussing the restrictions of specialization, by flying the flag of the individualist, and goes prating about the past, perhaps you would conclude that a little too much freedom may have spoiled him as a boy.

THE INTERNATIONAL SYMPOSIUM OF ANÆSTHESIA, ROME

by J. F. LASCELLES KING

Anaesthetist, Guys Hospital Group

THREE hours after leaving Hounslow, on a bleak February morning, we came to rest at Ciampino beside the Appian Way. In warm Spring sunshine, I descended from the Viscount and gazed on Frascati, with its cherished memories of Henry Stuart, its Cardinal Archbishop during Napoleonic days.

Soon I was enjoying the hospitality of the Good Mother of the Little Sisters of the Poor who so kindly entertained me while in Rome. The House of the Little Sisters, with its terrace overlooking the gaunt walls of the Colosseum, is situated in the Piazza of San Pietro in Vincoli containing the Church of the same name where, from early times, have been kept the prison chains of St. Peter.

February 24th, the day of the International Symposium of Anaesthetists, was a dull rainy Sunday when we assembled in the Sala Regia at the Vatican. Surgeons and Anaesthetists gathered together from the countries of Europe with their Italian colleagues, for the reply to the three questions, submitted by the Italian Society of the Science of Anaesthetics last October.

(1) Is there a universal moral obligation to refuse analgesia and to accept physical pain in the spirit of faith?

(2) Is it in accord with the spirit of the Gospel to bring about by means of drugs the loss of consciousness and of the use of man's higher faculties?

(3) Is it lawful for the dying or those in danger of death to make use of drugs if there exist medical reasons for their use? Can one use drugs even if the lessening of pain is probably accompained by a shortening of life?

Precisely at 10 o'clock, escorted by Swiss Guards, the Holy Father with two secretaries walked briskly to his chair on the raised dais. Motioning the audience to be seated he have his address in French. In his clear musical voice, augmented by amplification, he spoke for half an hour without hesitation, and assisted by notes gave his answers to the three questions:

(1) That it is man's duty, being only caretaker, to take measures to preserve his body that he may successfully discharge his obligations.

(2) That he may legitimately avail himself of means to relieve distress and pain in illness in doing so.

(3) That at the end providing he has made his peace with God and man he may resort to analgesic and hypnotic substances to allay suffering even if he should finally depart this world still under their influence; and that all this was as compatible with a Christian's ideal of life as was his duty to accept suffering.

The impression I received while listening to the Holy Father's historic address was that of a Philosopher teaching his friends and disciples. Seated on the benches before him my mind kept wandering to that other scene, depicted by Raphael in an adjoining room, of the School of Athens. I cannot recall any previous occasion when the impact of the new sciences of Operative Surgery, Anaesthesia and Pharmacology were correlated, and successfully, with established Christian Philosophy.

The address concluded, the Holy Father gave his blessing, and amid acclamations and photographers' flashes, descended from the dais and withdrew. I was fortunately among those who were able to speak to him before his departure.

The Symposium continued in the afternoon at the Institute G. Mendel (University of Rome), a building of very advanced bizarre design, of Walt Disney character with many walls and doors made entirely of plate glass, all unknown in England. In the very modern lecture theatre the address was examined and commended by Professors Gedda, Dogliotte and Pazzini. Short papers were read by Professors Imperati, Bozza, Drs. Frey (Heidelberg), Rizzi, Hutschenreuther (Jena), Cetrollo and Giogetti and the meeting concluded with a film illustrating the Surgical and Anaesthetic technique of a case of Valvotomy presented by Prof. Valdoni.

Later I revisited the Shrine of our Patrons S.S. Cosmas and Damian, and was very hospitably received by the Irish Dominicans at San Clemente and by the Benedictines at San Gregorio.

Following a cloudless afternoon journey, with unforgettable panoramic views of the whole of Rome, St. Peter's, Elba, Mont Blanc, etc., I reached England.

DENTAL SCHOOL: DEPARTMENT OF DENTAL MEDICINE

The great shortage of accommodation in the Dental School and Dental Department of the Hospital has long been a source of anxiety and every effort has been made to take advantage of the limited site. Some years ago it was possible, with the aid of a grant from the University of London, to extend the west end of the top floor on pylons over the George Yard, and to obtain an additional 2,000 sq. ft. for teaching operative dentistry. Recently, as the result of a further grant from the University and by agreement with British Railways, another floor has been built beneath this extension and immediately over the railway loading bay in the George Yard. It has been allotted to the Department of Dental Medicine, which has moved from its overcrowded premises under the roof of the Hostel. Entered from the Old Pathology Block, the Department now contains an office-library with dental chair for clinical studies, four small rooms fitted as laboratories for staff and research workers, a display bench for pathological demonstrations and a large laboratory with dark room. This will provide practically the only research accommodation available in the Dental School building and help to fill a serious deficiency. A small party to inaugurate the new premises was held on July 2nd and was attended by representatives of the School and Hospital, Mr. Alner Hall, the architect, and a few other guests including Sir Wilfred Fish, Dean of the Faculty of Dental Surgery of the Royal College of Surgeons and President of the General Dental Council.

CORRESPONDENCE

Letters to the Editor of the Gazette

Osler and Sixty Years of Age

From Dr. Hugh Barber

SIR,—I enjoyed and was instructed by "Pallida Mors" in your issue of 20th July. May I, however, correct the reference to Osler. He certainly never said that people of sixty should be put out of the way. Those of us who had the privilege of knowing him can testify that such a remark was quite contrary to his nature.

Here is the truth which explains this misconception. In 1905 he was leaving the Johns Hopkins University, so that he might take up a life less strenuous as Regius Professor at Oxford. In a particularly graceful and witty valedictory address, he made excuses about his age and referred to Trollope's fanciful suggestion about chloroform at sixty. For himself, he suggested that he was going to dream away his days in the Old Country. Everything he said went direct to the hearts of his hearers as being in good taste with apt illustration and fitness for this rather emotional leave-taking. Essentially it was a private occasion. But the newspapers of two continents ran it as a stunt, with headlines such as "Osler recommends Chloroform at Sixty."

It should be a classic warning. Some of Osler's friends thought perhaps he might explain. But you cannot explain when the daily press is running a stunt.

Yours etc.,

Derby. HUGH BARBER.

Medical "Worthies"

SIR,—I have in my possession a number of prints, together with a few photos, of Medical "Worthies", many of whom were members of the staff of Guy's Hospital, such as, Bright, Sydenham, Davies-Colley, snr. etc., and I am wondering whether, through the *Gazette*, I could get in touch with anyone who could make use of such prints and photos.

I doubt if the collection is of any appreciable value, and I feel sure that my brother and myself, who are Executors for the late Dr. H. M. Stewart (Guy's 1889-1896) would be glad to give them to anyone genuinely interested.

Yours etc.,

Queens Acre, Solent Avenue, Lymington, Hants. G. R. S. STEWART.

John Reinhold

SIR,—Friends of John Reinhold will be comforted to hear that members of the Staff of the Denver Medical School are not only taking care of his family's immediate needs, but are starting a fund for their future use. Generous as their gifts are likely to be it is improbable that they will cover all requirements.

I believe that many in this country will want to show practical sympathy. It is proposed to start a fund towards the children's education. A workable scheme will be arranged as soon as possible, meanwhile I should be glad if those who would like to help will send me their names, either to this address or c/o James Goodliffe, Esq., The Appointments Bureau, Medical School, Guy's Hospital, London, S.E.1.

Yours etc.,

CHARLES JOINER.

Highlands Lodge,
Oldfield Road,
Bickley, Kent.

The American Hospital in Paris

SIR,—What fun it is working at the American Hospital, where the nursing staff represents training schools from many large cities in Europe and America.

Our uniform consists of attractive white dresses, white stockings and shoes and of course caps. The cap is the distinguishing feature of many of the training schools, and how proud is each owner of her own particular "coif", but how envied by us, who are honoured to represent Guy's in this mixed community.

We realize that our work should be evidence of our excellent training but we also would like to display our pretty caps and strings!

Yours etc.,

DIANA McKINLEY, S.R.N., S.C.M.
SYLVIA J. RIDDELL, S.R.N.

American Hospital of Paris,
63, Boulevard Victor-Hugo,
Neuilly-sur-Seine.

Grand Prix

SIR,—A comment to a motorist of some renown—one of our well-known Guy's Sister Tutors—from the driver of another car :

"Who do you think you are—Stirling Moss ?"

No prize for the identity.

Yours etc.,

LINDA TITLEY.

Matron's Office,
St. Charles' Hospital,
Ladbroke Grove, W.10.

NOTICE

GAZETTE AND DIRECTORY SUBSCRIPTIONS

Readers are again reminded that their annual subscriptions (12/6 per annum, post free), for which accounts have been sent, should be forwarded to the Manager, *Gazette* Office, Guy's Hospital, S.E.1, as soon as possible, together with 10/6 for the 1957 Directory if desired.

REVIEW

A Synopsis of Children's Diseases. By JOHN RENDLE-SHORT. Second Edition. John Wright & Sons Ltd., Bristol. *Price* 35*s.*

The first edition of this synopsis was published in 1954. This present edition has enabled the author to rewrite parts of the book which are out of date.

This is a second edition ; the design and lay-out follow the pattern of most synopses, the text being in note form. The preface points out that this book is intended for those studying for examinations, and for Pædiatric House Physicians and General Practitioners. I do not think, however, that it is suitable for those preparing for Finals, as the text is inevitably dogmatic. For instance, the indications for exchange transfusion in the treatment of hæmolytic disease of the newborn include " any affected premature baby, or if there is a history of a previous baby being stillborn with hæmolytic disease or having hydrops or kernicterus ". This is a highly controversial statement, and might easily be misinterpreted without further discussion.

This synopsis is a good one ; it is accurate and up to date. It is divided into two sections, a short first part on the healthy child and the main part on the sick child. It is complete and well balanced, the common diseases getting their fair share and the rarities a few lines. The standard throughout is high, but the section on the management of gastro-enteritis is especially well done. There is a useful table showing the incidence of genetically determined conditions and a table of dosage of some common drugs. It is heartening to see that in bold black and white, $\frac{1}{2}$ grain of chloral per pound body weight is recommended as a hypnotic dose (instead of the customary grain or two as total dose).

Minor criticisms include the statement that the surgical treatment of atrial septal defect is still experimental ; that expressed breast milk should always be used if it can be obtained for the baby unable to suck from the breast, and the omission of Rae's mixture in the drug treatment of constipation.

The index is full (but there is no mention of lymphosarcoma) ; like almost all indexes the reference to an alternative name is given, and the first choice is usually the wrong one. I looked up fits and was referred to convulsions and epilepsy ; could not just one main page number be given to help find the section ? Under this section it was interesting to read that the term convulsion is commonly applied to fits in infants.

It would be difficult to find a better synopsis on the subject, and the reader would be unfortunate if he did not find quite quickly the desired piece of information.

M.C.J.

SPORT

CRICKET

INTER-HOSPITALS CRICKET CUP—SEMI-FINAL.

Guy's *v.* King's College Hospital

Played at Dog Kennel Hill on 18th July, 1957.

Result—Guy's won by 70 runs.

Guy's went in to bat, having won the toss, on a wicket affected by some days of rain. A good start was made, 57 appearing in 43 minutes and both batsmen appearing comfortable. At this point McIntyre altered the course of the innings by dismissing Tuddenham, Morgan and Elsdon-Dew in four balls. Dyde, however, refused to be tied down, and with assistance from Pagliero, who batted soundly for 34, the damage was partially repaired. Though the wicket was slow, McIntyre, bowling off breaks round the wicket, and Goldfine, slow left-arm, were turning the ball and making the odd one stand up. Dyde, however, in 37 minutes before lunch, batted brilliantly to score 43, including a 6 and five fours. After lunch he added one run and was out to an excellent catch, one-handed at short mid-on, from a hard drive. The remainder of the innings, apart from a straight 6 by Lam, quickly disintegrated and Guy's had scored only 129.

The wicket now seemed to be playing a little faster, which suited the Guy's opening attack. Off the fourth ball of Morgan's opening over, Bury took a smart catch in the gully. Guy's were now right on their toes and remained on top. Morgan accounted for the opening batsmen, and Dyde had a most destructive spell when he took 4 wickets in 15 balls without cost. Harries, who had looked the best of the King's batsmen, was unlucky enough to be caught off his gloves from a ball that lifted. Seven wickets were down for 34, but McGibbon hit out successfully for a time, eventually falling to a good catch by Tuddenham at long-on from a steepling hit. King's had been unable to cope with a mixture of speed and swing from Morgan and Dyde, and Guy's were in the final.

Guy's

K. M. Pagliero, c. Berry, b. Goldfine	34
H. M. Tuddenham, lbw., b. McIntyre	23
M. N. Morgan, lbw., b. McIntyre	0
R. W. Elsdon-Dew, b. McIntyre	0
J. A. Dyde, c. McGibbon, b. Goldfine	44
P. M. E. Drury, c. & b. McIntyre	5
S. J. S. Lam, c. Thomas, b. Goldfine	12
J. D. Eustace, c. Lewis, b. Goldfine	4
T. J. H. Clark, c. Berry, b. McIntyre	0
R. G. Bury, not out	0
P. Banks, b. Goldfine	1
Extras	26
Total for 10 wickets	129

Bowling	O.	M.	R.	W.
Thomas	5	1	21	0
Harries	3	0	11	0
McIntyre	17	1	54	5
Goldfine	15.2	7	37	5

King's

Smirles, c. Bury, b. Morgan	0
Challecombe, b. Morgan	1
Harries, c. Pagliero, b. Dyde	15
Couldick, c. Morgan, b. Dyde	4
McIntyre, c. Clark, b. Dyde	0
Thomas, b. Dyde	0
Berry, c. Lam, b. Morgan	4
McGibbon, c. Tuddenham, b. Banks	24
Colbridge, not out	3
Lewis, b. Banks	0
Goldfine, b. Morgan	1
Extras	7
Total for 10 wickets	59

Bowling	O.	M.	R.	W.
Morgan	15.1	7	11	4
Dyde	13	4	32	4
Banks	2	0	10	2

Guy's now meet St. Bartholomew's in the *Final*, to be played at Teddington, from 29th-31st July.

Guy's *v.* Streatham

At Streatham. 7th July, 1957

Result—Won

Guy's

K. M. Pagliero, not out	71
H. M. Tuddenham, b. Pace	1
R. W. Elsdon-Dew, *not out*	*56*
P. M. E. Drury, J. A. Dyde, S. J. S. Lam, T. J. H. Clark, M. N. Morgan, R. G. Bury, J. D. Eustace, P. Banks, did not bat.	
Extras	5
Total for 1 wicket	133
Streatham for 10 wickets	130

Bowling	O.	M.	R.	W.
Morgan	17	3	39	3
Dyde	11	2	41	0
Banks	21.5	4	47	7

Guy's *v.* Nigerian, C.A.

At H.O.P. 10th July, 1957

Result—Drawn

Guy's

K. M. Pagliero, b. Smith, A.	8
T. J. H. Clark, c. Hughes, b. Smith, A.	2
J. A. Dyde, st. Harrison, b. McKeith	41
P. M. E. Drury, c. Harrison, b. McKeith	40
D. J. Smith, b. McKeith	1
R. G. Bury, b. McKeith	3
J. D. Eustace, c. Akpata, b. Smith, A.	23
B. A. Ross, lbw. b. McKeith	14
J. Kelly, st. Harrison, b. McKeith	9
S. Young, not out	1
E. D. Keen, c. Harrison, b. Smith, A.	4
Extras	9
Total for 10 wickets (McKeith 6-51)	155
Nigerian C.A. for 6 wickets	138

Bowling	O.	M.	R.	W.
Dyde	19	1	71	2
Drury	11	2	28	0
Bury	5	0	15	0
Clark	3	1	12	3

Guy's *v.* Bognor

At H.O.P. 13th July, 1957

Result—Drawn

K. M. Pagliero, c. Smith, G., b. Ursell, B.	15
H. M. Tuddenham, c. and b. Cowell	25
M. N. Morgan, c. Smith, G., b. Trailer	48
R. W. Elsdon-Dew, c. Ursell, B., b. Ursell, W.	45
J. A. Dyde, *not out*	27
P. M. E. Drury, not out	8
D. M. Smith, M. A. H. Russell, J. D. Eustace R. G. Bury, P. Banks, did not bat.	
Extras	12
Total for 4 wickets declared	180
Bognor for 9 wickets	118

Bowling	O.	M.	R.	W.
Dyde	17	3	53	5
Morgan	8	2	20	2
Drury	9	2	41	2

Guy's *v.* Rabbits

At H.O.P. 14th July, 1957

Result—Match Abandoned : rain

Guy's

K. M. Pagliero, lbw. b. Martindale	9
H. M. Tuddenham, b. Martindale	30
M. N. Morgan, c. Steadman, b. Bishop	4
J. A. Dyde, c. Bishop, b. Martindale	52
S. J. S. Lam, c. Constant, b. Pope	17
J. D. Eustace, b. Parkinson	10
D. M. Smith, b. Constant	8
B. A. Ross, b. Bishop	13
R. G. Bury, c. Martin, b. Martindale	20
M. A. C. Lyon, not out	17
P. Banks, did not bat.	
Extras	8
Total for 9 wickets declared	188
Rabbits for 1 wicket	33

Bowling	O.	M.	R.	W.
Lyon	5	1	13	1
Morgan	4	0	6	0
Banks	0.4	0	4	0

LAWN TENNIS

U.H. CUP: SEMI-FINAL

Guy's beat King's 6–3.

The semi-final of the U.H. Cup was played at H.O.P. on Saturday, 20th July. The match was between Guy's and King's and was played on hard courts due to the heavy rain earlier in the day. Conditions were quite good; the courts were firm, and the weather excellent for tennis, despite an overcast sky.

The King's team consisted of a very strong first couple dominated by Yates-Bell the King's No. 1, but little else. Consequently Guy's lost three rubbers to the first couple, and took the other six comfortably. Thus once more the all-round strength of the Guy's team took them to

victory, and all six played equally well. Man of the match was undoubtably Yates-Bell of K. C.H., whose stroke play was a delight to watch, but less pleasant to play against. His service was particularly devastating in its power and placing.

The match was watched by Mr. Blaikley, the Club President, and Mr. Glover, a Vice-President, also came to see how the match was progressing in its later stages. Their support was much appreciated.

Details:—

Black & Dobie lost to Yates-Bell and Willmott, 2–6, 9–7, 1–6; beat Cotton and Billiforma 6–0, 6–0; beat Biggs and Brass 6–4, 6–1.

Devereux & Smith lost to Yates-Bell and Willmott 3–6, 1–6; beat Cotton and Billiforma. 6–1, 6–1; beat Biggs and Brass 6–2, 12–10.

Maggs and Sellman lost to Yates-Bell and Willmott 2–6, 3–6; beat Cotton and Billiforma 6–0, 5–7, 6–1, beat Biggs and Brass 6–0, 6–2.

Result: Guy's won by 6 events to 3, 13 sets to 7, 104 games to 72.

1st VI Matches

1st VI *v.* King's College Hospital 1st VI. Away. Sunday, 2nd June, 1957.
Guy's Won 5–4
Rose and Dobie. Won 2 Lost 1.
Devereux and Dr. G. B. C. Jones Won 2 Lost 1
Leake and Rudge. Won 1 Lost 2.

1st VI *v.* London School of Economics. Away. Wednesday, 5th June, 1957.
Guy's Won 2–0
Devereux and Dobie Won 3 Lost 0.
Rose and Sellman Won 3 Lost 0.
Leake and Rudge Won 3 Lost 0.

1st VI *v.* Westminster Bank. Home. Saturday, 15th June.
Guy's Won 7–2.
Dobie and Sellman Won 3 Lost 0.
Devereux and Smith Won 3 Lost 0.
Leake and Davies Won 1 Lost 2.

1st VI *v.* Imperial College. Away. Sunday, 16th June.
Guy's Won 5–4
Dobie and Sellman Won 3 Lost 0.
Devereux and Smith Won 2 Lost 1.
Rudge and Davies Won 0 Lost 3.

1st VI *v.* Winchester L.T.C. Away. Saturday, 22nd June.
Guy's Lost 4–5
Black and Dobie Won 2 Lost 1.
Devereux and Leake Won 0 Lost 3.
Rose and Sellman Won 2 Lost 1.

1st VI *v.* St. George's Hill L.T.C. Away. Sunday, 23rd June 1957.
Guy's Won 5–4
Dobie and Black Won 2 Lost 1.
Maggs and Sellman Won 1 Lost 2.
Smith and Devereux Won 2 Lost 1.

1st VI *v.* Royal Naval College, Greenwich. Away. Tuesday, 25th June.
Guy's Won 5–4
Black and Dobie Won 1, Draw 1, Lost 1.
Maggs and Devereux Won 2 Lost 1.
Rose and Sellman Won 1, Draw 1, Lost 1.

1st VI *v.* Chiswick L.T.C. Away. Saturday, 29th June.
Guy's Lost 2–7
Smith and Davies Won 2, Lost 1.
Leake and Rudge Won 0 Lost 3.
Norris and Wilkerson Won 0 Lost 3.

1st VI *v.* Paddington L.T.C. Away. Sunday, 30th June.
Guy's Lost 6–3
Rose and Sellman Won 2 Lost 1.
Smith and Rudge Won 1 Lost 2.
Leake and Clements Won 0 Lost 3.

1st VI *v.* Queen's University Belfast. Home. Wednesday, 3rd July.
Guy's Lost 7–2
Devereux and Smith Won 0 Lost 3.
Black and Sellman Won 2 Lost 1.
Leake and Lewis Won 0 Lost 3.

1st VI *v.* Royal Naval College, Greenwich. Home. Sunday, 7th July.
Guy's Won 5–4
Black and Dobie Won 3 Lost 0.
Smith and Rudge Won 2 Lost 1.
Clarke and Daly Won 0 Lost 3.

1st VI *v.* Parson's Green L.T.C. Away. Sunday, 14th July.
Guy's Lost 5–4
Black and Dobie Won 1 Lost 2.
Devereux and Sellman Won 2 Lost 1.
Leake and Rose Won 1 Lost 2.

2nd VI Matches

2nd VI *v.* Bethlem Royal Hospital. Away. 1st June, 1957.
Guy's Lost 7–2
Rudge and Watts Won 1 Lost 2.
Wilmshurst and Rooke Won 0 Lost 3.
Howard and Kerr Won 1 Lost 2.

2nd VI *v.* Bethlem Royal Hospital. Away. 24th June, 1957.
Guy's Won 5–4
Rudge and Davies Won 3 Lost 0.
O'Driscoll and Clarke Won 1 Lost 2.
Kerr and Brenchley Won 1 Lost 2.

RIFLE CLUB

After a rather poor start to the season in the Aston County Championship, in which Guy's were placed 4th in the County of London, the Club went from strength to strength. The climax was reached in the United Hospitals' Challenge Cup which we won for the 9th successive year.

Throughout the season St. Bartholomew's were our greatest rivals, but were only allowed to win on one of the three occasions we met. It is interesting to note that Guy's is the only Hospital which can regularly enter two teams either of which is capable of winning. This is most noticeable in the United Hospitals' Challenge Cup which in the last 6 years has been won three times by the "A" team and three times by the "B" team.

Unfortunately the staff match, which had been arranged provisionally for 16th June, had to be cancelled.

Armitage Cup

Winners:	St. Bartholomew's "A"		254
2nd	Guy's "A" ..	..	247
Teams:	K. Pilcher	64	
	K. Robertson	62	
	J. Duff	62	
	K. Kemp	59	

Friendly Match *v.* **St. Bartholomew's**

Winners:	Guy's	532
	St. Bartholomew's	520

United Hospitals' Challenge Cup

Winners:	Guy's "B"	380
2nd	St. Bartholomew's "A'	370
3rd	Guy's "A"	362
Guy's "B"	J. Duff ..	100
	R. Mackeith	96
	C. Howard	93
	B. Heath ..	91

Individual Awards:—

Donegall Badge: *Winner*, J. Duff, 96, 2nd K. Pilcher, 95.

Guy's Cup: *Winner*: K. Pilcher, 95; 2nd A. Harris, 95, tie shoot at 600 yards.

University of London Championships
200 yards. *Winner:* R. Mackeith 35 (possible 35)

HOSPITAL INFORMATION

APPOINTMENT

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Arris and Gale Lecturer

Mr. H. R. S. Harley has been appointed Arris and Gale Lecturer. His subject will be "Development of the Sinus Venosus Type of Atrial Septal Defect."

DENTAL APPOINTMENTS

The following Dental House Surgeon appointments have been confirmed by the House Committee for the period August 8th, 1957, to February 7th, 1958.

General Duties : Mr. D. D. Jones*, Mr. A. A. J. Ranson, Mr. R. W. Slee, Mr. J. G. Watling, Mr. E. W. Lasserson

Children's Department : Miss S. M. Evans

Prosthetics Department : Mr. M. A. Gillon

Mr. Jones's appointment is extended to May 7th, 1958

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

F.R.C.P.

W. D. Brinton

UNIVERSITY OF SHEFFIELD

M.Sc.

July, 1957

C. K. Battye

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination

July, 1957

Pathology

R. D. S. Barnes, L. A. Emanuel, K. G. Korsah, J. P. Lissenden, S. A. McNamara, S. O'Connell, *R. W. Sherwin, W. J. W. Siddall, E. D. Sofowora

Medicine

A. J. Armour, P. G. C. Calverley, L. Cook, J. K. Duff, I. R. A. Fullagar, *J. B. Gornall, N. A. Harker, R. T. Hawley, J. S. G. Hayes, M. Hopwood, E. D. Keen, M. Lindsey, *J. G. Manson, A. B. Morphy, S. O'Connell, H. P. Rikard Bell, W. J. W. Siddall, R. J. Young

Midwifery

J. R. Allan, Elizabeth S. Bates, R. E. Clayton-Jones, G. B. Cornford, Sheila M. Creegan, Una M. Dugan, J. K. Duff, M. K. Dunstan, L. A. Emanuel, N. A. Harker, J. Hellewell, P. W. James, *I. McD. Jessiman, B. S. Kennett, N. Lis, J. P. Lissenden, Jean L. McNair, S. A. McNamara, J. I. Millar, A. B. Morphy, G. R. Peachey, Alina T. Piesowicz, H. D. W. Plowright, P. A. Robson, B. A. Ross, Gillian Strube, M. P. Wilderspin, R. J. Young, I. I. Zayid

Surgery

*A. A. Akiwumi, *T. R. Cullinan, *M. H. de Groot, *J. B. Gornall, *H. C. Hollingworth, *I. McD. Jessiman, *S. J. Lam, *J. G. Manson, *J. A. Mathews, *M. N. Morgan, *A. P. Redmond, *D. A. H. Thomas, *H. M. Tuddenham, *M. F. Waboso, *G. Willett

*Have completed the examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

First Examination

July, 1957

Anatomy and Physiology

S. G. Adamson, A. H. Banks, S. N. Bussell, J. D. Clark, R. F. Eade, M. B. Gardener, J. A. Golder, J. M. Hackman, W. H. Hardy, Margaret K. A. Harwood, R. Loveday, G. O. Lyekander, J. B. Mayhew, M. Overington, D. C. Phillips, G. W. Selwood, Christine S. Shepherd, L. Walters

Special Anatomy and Physiology

A. H. Banks, S. N. Bussell, J. D. Clark, R. F. Eade, M. B. Gardener, J. A. Golder, J. M. Hackman, W. H. Hardy, Margaret K. A. Harwood, A. C. Knight, R. Loveday, G. O. Lyekander, J. B. Mayhew, M. Overington, D. C. Phillips, G. W. Selwood, Christine S. Shepherd, A. D. Skinner, N. Stamp, L. Walters

UNIVERSITY OF LONDON

Academic Postgraduate Diploma in Public Health

June, 1957

J. M. Holden

GUY'S HOSPITAL MEDICAL SCHOOL

Leonard Lubbock Prize in Clinical Pathology

July, 1957

The following award has been made :

J. S. Cameron—Prize

NURSING NEWS

Left : S/M D. Cole.
S/N D. Mitchell.

Entered : S/N M. Pierce to *Theatres* New Cross
S/N U. Thomson to *O.P. Dept.*

Transfer : Sister A. Godson to *Evelina.*

PAPERS BY GUY'S MEN

Allsopp, C.B. At the Department of Physics, Medical School, Guy's Hospital. Radiation Chemistry. *Rep. Brit. Emp. Cancer Campgn.*, 34th Annual Report, 1956, p. 382.

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Bishop, P. M. F. with Miss Moira Murray. Studies of Oestrogen-treated Patients. *Rep. Brit. Emp. Cancer Campgn.* 34th Annual Report 1956, p. 390.

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Camps, Francis E. The Doctor, the Coroner and the Police. *Practitioner*, 1957, **179**, 37.

Citron, K. M. and another. The Effect of Cortisone upon the Reaction of the Skin to Tuberculin in Tuberculosis and in Sarcoidosis. *Quart. J. Med.*, 1957, **26**, 277.

Clarke, C. A. Medical Etiquette and the Consultant. *Practitioner*, 1957, **179**, 5.

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Hilton, S. M. and another. Sweat Gland Activity, Bradykinin formation and Vasodilatation in Human Forearm Skin. *J. Physiol.*, 1957, **137**, 43P.

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P. J. Stiles, M.R.C.S., L.R.C.P., 27, Curzon Park South, Chester.

BIRTHS

DRAKE.—On 11th July, 1957, to Judith (née Clarke, S.R.N.), wife of Peter Drake, M.A., a daughter Robin Angela, sister for Timothy and Diana. Now at : 2, Wayside Avenue, Harrogate.

GREENHILL-HOOPER.—On 5th June, 1957, at Cambridge, to Elizabeth (née Oates, S.R.N., S.C.M.), and Flt. Lt. T. J. Greenhill-Hooper, a daughter (Penelope Jane).

LINDSAY.—On 14th July, 1957, at Torbay Hospital, Torquay, to Patricia and John Lindsay, a second son (Michael).

STRUTT.—On 18th July, 1957, to Mary (née Foden) wife of the Rev. Gordon Strutt, a son (Michael John), a brother for Jane.

MARRIAGES

DOBSON—PROWSE.—On 29th June, 1957, at St. Michael's, Stonebridge, London, William F. Dobson, L.D.S.R.C.S., to Katie Prowse.

ORME-SMITH—RIDLEY.—On 18th May, 1957, at St. Giles, Farnborough, Kent, David Orme-Smith, B.D.S., L.D.S.R.C.S., to Elizabeth Ann Ridley, M.B., B.S.

DEATHS

MUSSON.—On 20th July, 1957, John Orrett Musson, M.R.C.S., L.R.C.P., of 15, Blackstone Road, N.W.2.

REINHOLD.—On 19th July, 1957, in Denver, Colorado, of injuries in a motor accident, John Drake Lucas Reinhold, D.M., M.R.C.P., D.C.H., son of Colonel and Mrs. C. H. Reinhold of Yateley, Hants.

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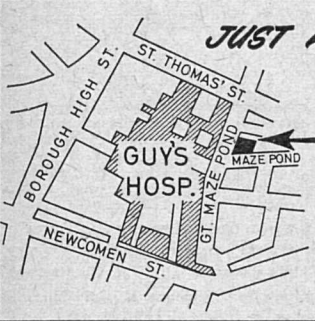

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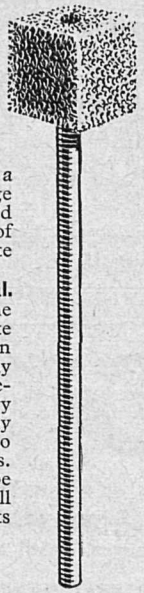

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GUY'S HOSPITAL GAZETTE

17th August 1957

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A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1802 *17th August* 1957 *One Shilling*

PASSIM

JUST as mid-August finds no Parisians in Paris, it finds no Guy's men in Guy's other than those who absolutely have to be there—which includes, of course, the editor of the *Gazette*. The skeleton crew that remains here has little to do but brood on the good fortune of their friends acquiring Mediterranean tans or cashing in on the extra 20 per cent. of francs. Not that we grudge them their pleasure; our sportsmen in particular have earned their rest, for have we not the cricket cup, the tennis cup for the seventh year running and the shooting cup for the ninth year running, to remind us of their achievements ? While these teams rest on their laurels, rugby players are no doubt building up their strength for the strenuous effort they have promised us in the coming season.

The *Gazette* has no need to indulge in the Silly Season, as this time of the year is known in press circles, for instead of having to inflate inanities to major news items to fill up space (and this year has been more inane than usual) we prefer to contract down to 16 pages and save our space for the coming academic year. Among our plans for the near future is an issue to be devoted to the designs for the new surgical block. But for the moment we prefer to leave our dusty office and try to catch a little filtered Borough sun, while we dream of our readers basking by the Mediterranean.

It is with great regret that we record the death, on 11th August, 1957, of Dr. Eric Scott, Superintendent of Orpington Hospital and Consultant Anæsthetist Emeritus of Guy's. He was in the first group of Guy's men to arrive at " Thomas Guy's Other Hospital " in 1939, becoming Deputy Superintendent, and remaining as Superintendent from 1945 until his death. A memorial service was held at in the Orpington Hospital Chapel on 15th August, and an Obituary notice will appear in the next issue of the *Gazette*.

The helicopter, descending on the car park on the eve of publication of the last *Gazette*, gave a scoop to the daily newspapers and leaves us sadly out of date in reporting it. It brought a patient from Ipswich with a leaking abdominal aneurysm, and a homograft was performed on the evening of his arrival. This was the first time a helicopter has been used to bring a patient here, and it may well establish a useful precedent for emergencies requiring the services of a specialist unit.

The Front Lodge, which was long overdue for its turn of spring cleaning, has just been repainted. We are disappointed to see that it retains its institutional drabness in cream and bilious brown ; after the brightening-up of many of the wards we had hoped for better things.

Sixty Years Ago

From Guy's Hospital Gazette, 21st August, 1897.

When we are surgical ward-clerks, we are always interested in seeing a plaster splint put on ; the operation being generally conducted at night, has a flavour of romance about it, coupled with the primitive love for mud-pies, which it re-awakens within our bosoms. When we come on as dressers, we remember the main features and more especially the romance of the process ; but the details are probably conspicuously absent from our minds, and, as a dresser's dignity must be preserved in the presence of the clerks, we slur over the small points as well as may be ; and if next morning the splint is of the consistency of suet-pudding, we lay the blame on the plaster, and put on a second splint, if possible, without telling the clerks. Hitherto, in fact, plaster splints have frequently been put on in a very haphazard way, sometimes well, generally badly, and we have had nowhere to turn to for hints in the matter. It was with a view to this that we publish in our columns today the first instalment of an article on the subject, which we hope will be useful both to dressers and to men in practice.

Two instances of fœtal monstrosity have lately been met with in the Charity. The first was a case of conjoined twins, and two bodies being united only down to the umbilicus, below which they were separate, while the four pairs of limbs and the two heads were well formed. On examination, two pairs of lungs were found, and two sets of abdominal organs, but the heart was single. It will be interesting to hear further details of the arrangement of the vessels, when they have been carefully worked out. The other was a case of abnormal development of the lower part of the body, the integuments over the bulging abdomen being thin and transparent, while the apertures were absent, and the lower limbs were united throughout their length. This production lived thirty-six hours, and in the skiagram proved to have its thighs crossed under the common coverings of this conjoined, median, lower limb.

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OBITUARY

JOHN DRAKE LUCAS REINHOLD, M.A., D.M., M.R.C.P.

The news of John Reinhold's tragic death in a motor-car accident in Denver, only nine days after his arrival in the United States, has come as a grievous blow to his many friends.

He came to Guy's from Trinity College, Oxford, the second generation of his family to study here. One of a remarkably talented group who entered from the older universities at that time, he was quickly distinguished among them as an undergraduate. He became editor of the *Gazette*, and many of us remember with pleasure his distinctive contributions to its pages. His boyhood in India had been

athletic, and he was naturally good at games. He represented the Hospital at squash racquets and was a more than adequate golfer and skier. He qualified in 1945 and was soon appointed house physician to Dr. (now Professor) R. W. B. Ellis. His career was then interrupted by illness, and during a period of enforced rest he had the leisure to train his talent for painting so that it remained long after he had recovered his health as a source of pleasure to him and his friends. He gradually returned to full duties, worked for a time in general practice, then held a number of junior hospital appointments culminating in his joining the juvenile rheumatism unit at Taplow.

In a sense this was the critical appointment for him. Here his talent for pædiatrics found full play, and his interest in diseases of the heart was awakened. Thereafter pædiatric cardiology was his first love and his most important clinical and investigative work was in this field. When he left Taplow, he went to St. Mary's Hospital, first as senior registrar and then as lecturer. In 1951 he spent a happy year at the Children's Hospital in Boston, only marred by the separation from his family. Later he engaged in further studies in Scandinavia. On his return to England in 1952 he expanded his work in cardiology both at St. Mary's and the Children' Hospital, Great Ormond Street, and it was there that he made his most important studies, on the heart sounds in health and disease. This striking series of observations, wholly original in conception, remains a firm brick in the building of medical knowledge. He published some of this work as a D.M. thesis, some in scientific and medical journals, but it remained as fruitful and incomplete research when he returned to Guy's as Assistant to the Director of the Department of Child Health in 1955, and he was able to continue and expand it here.

Although he had been happy in America he loved England, and would have preferred to have made his home here. But lack of opportunity for his children and himself led him to accept a post as Assistant Professor of Pædiatrics in the University of Colorado at Denver. Before he left he planned a farewell party : but he had so many friends that eventually there had to be two parties. Both were crowded, and were the happy, hospitable, convivial occasions that we had learned to expect with John and Jeune ; and throughout he was his usual courteous, charming and unobstrusive self. And yet for all of us it was a sad time, for when we said goodnight it was also goodbye. We did not know then for how long.

John's professional life was eminently successful, witness his publications and appointments, and the high esteem in which his seniors held him. In all circumstances his enormous kindness and gentle manners endeared him to his friends. But his chief happiness was to be with Jeune and their four children, and it is at home with them, surrounded by his books and paintings, talking simply but with erudition on many topics, his delicate wit and complete lack of malice always manifest, that we shall remember him. Who will not echo . . . " Lycidas is dead, dead ere his prime " . . . ?

To Jeune and his children, and to his father and mother we send our deepest sympathy.

R.C.M. writes :

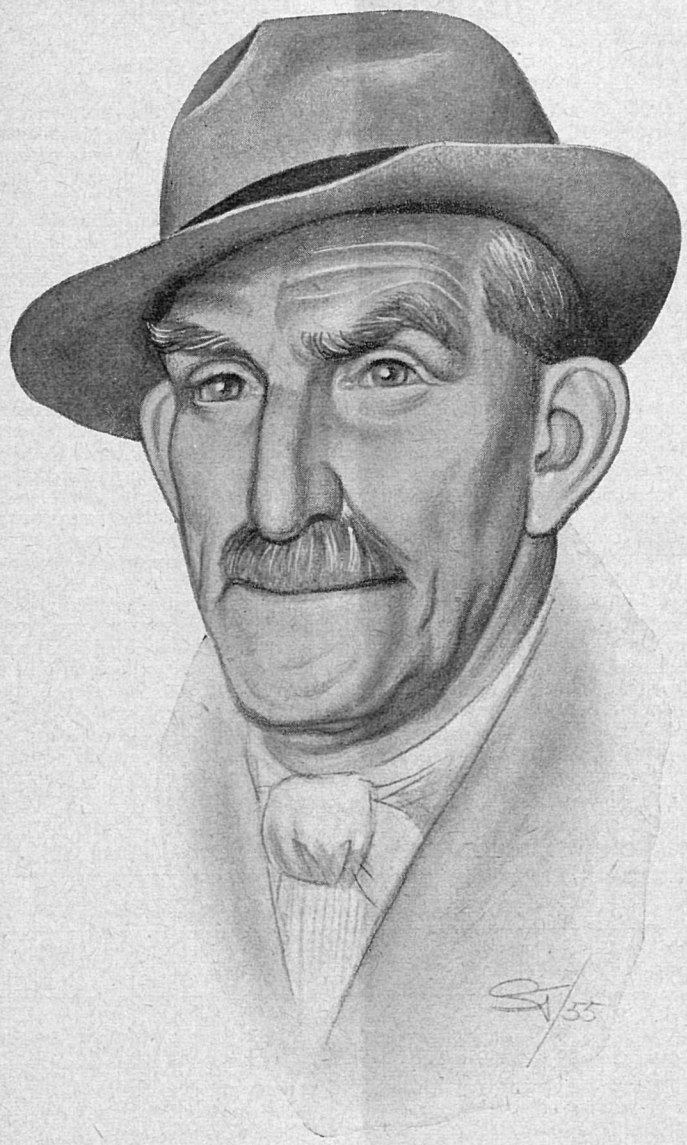
An unusual thing about John Reinhold's work in cardiology was that he, so to speak, came out of his back room leaving the electronic recording machines behind, and drew his colleagues' attention to useful clinical signs they could see but hadn't noticed before. This was in the tradition of the earlier use of the polygraph. John's work on anæmia in rheumatic fever and on phonocardiography was important and probably only as a beginning of what he would have found out and made useful to clinicians everywhere. But he wanted to be a children's general physician and not only a pædiatric cardiologist, even if that meant being on at two or three London teaching hospitals. Certainly his departure to the States with Donogh O'Brien took away at the same moment two who many would feel will leave a gap difficult to fill. In the Children's Department at Guy's he started innovations in teaching which are likely to continue. He was an equable colleague, quiet with a liability to wit. For those who only met him latterly he was not easy to get to know intimately—but who does get to know very well a colleague married and with children ? John's wife and children may need help and it will be forthcoming because of what we knew him to be.

EDITOR'S NOTE.—We reprint on page 338 a letter which first appeared in the last issue, proposing the setting up of a fund towards the education of Dr. Reinhold's children.

GUY'S PERSONALITIES (7)

MARDELL

Alf Mardell, who retired recently after 26 years in the Works Department, had served Guy's devotedly through a critical period of its history. For the greater part of this time he had the important job of foreman-scaffolder, made especially responsible by the ravages of the war years. One of his many tasks at this time was to put in the emergency stairway in Hunt's House, after a high explosive bomb had dropped neatly through the dome and completely destroyed the existing stairs and both lifts. In 1951 Mardell retired from scaffolding and became night-watchman, and many miss his familiar figure in the underground at all hours of the night. During one typical encounter, we tried to draw him on the subject of his experiences as night-watchman, but with singular lack of success. His features became set in his familiar quizzical yet stubborn expression, and we realized that we were up against the incorruptible loyalty of the best kind of Guy's servant. "I've seen a lot of interesting things ", he said, " but you couldn't publish that ! ", and disappeared, chuckling, into the night.



Drawn by Sylvia Treadgold

MARDELL

YORK CLINIC, 1955

Patients, Progress and Problems

by MOYA WOODSIDE

(*Research Psychiatric Social Worker*)

Looking back over the year, there has been a remarkable consistency, both clinical and social, with the trends and findings of 1954.[1] This arises in part from the physical limitations of a small teaching unit (44 beds) where admission is greatly sought both by private and Health Service patients, and in part from a continuous policy of giving preference to early recoverable cases, with added priority for professional people. These selective features make comparison with the ordinary mental hospital population invalid. The number of psychiatric units in general hospitals is however steadily increasing, and their experience is likely to prove very similar to that of The York Clinic. The following analysis of patients under treatment during 1955, and the results of treatment as ascertained by follow-up one year later, show something of the work which may successfully be undertaken in these units.

Number and Sex of Patients, Length of Stay

There were 360 discharges in 1955, 17 less than in 1954. Private patients again outnumbered Health Service patients (P.P. 190, N.H.S. 170), and as usual, there were many more women than men, 215 to 145. This is approximately three women to every two men. As there is no fixed allotment of male and female beds in the Clinic, this higher admission rate represents a response to need.

The average length of stay, for 317 patients who completed treatment, was 44 days, 8 days longer than in 1954 (36). In arriving at this figure, 6 long-stay patients whose treatment lasted over 6 months were omitted, as were also 37 patients who stayed less than a week or left before treatment was started. At the Bethlem-Maudsley Joint Hospital, where 480 psychiatric beds for non-certified patients are available, the average stay during the 3-year period 1949-51 was 3.8 months. This figure, as Dr. Blacker points out in his Report,[2] is misleadingly high for the average patient, since the calculations included 57 patients who were in hospital over a year.

The York Clinic's growing liaison with the rest of Guy's is shown by the continued increase of admissions from the general wards. There were 37 during 1955 (27 in 1954), and 5 from Nuffield House (1 only in 1954). Six of these ward patients were women who developed a puerperal psychosis: the remainder of the direct transfers were largely senile or toxic confusional states.

TABLE I

YORK CLINIC, DISCHARGES 1955, by Age (Total 360)

	MALES			FEMALES		
Age Group	No.	%	Maudsley* %	No.	%	Maudsley %
—15	—	—	—	3	1·4	—
15—24	9	6·2	17	32	14·9	15·2
25—34	28	19·4	29·2	43	20·0	24·8
35—44	29	20·0	19·8	54	25·6	23·0
45—54	33	22·7	16·4	38	17·7	19·7
55—64	28	19·4	12·0	28	13·0	10·2
65—74	17	11·7	5·6	13	6·0	7·1
75+	1	·6	—	4	1·4	—
Total	145	100	100	215	100	100

*Maudsley Total In-Patients: 1949—1951.

Male 1,171
Female 1,465

Age and Marital Status

For the first time, an analysis of the age distribution of York Clinic patients has been made, and is set out with the Maudsley figures for comparison. It will be noted that a considerably higher proportion of older men is admitted to The York Clinic, due no doubt to the higher representation of Social Classes I and II (*vide* Table II). Almost half the women patients, in both hospitals, are in the involutional age group when greater liability to psychiatric illness is experienced. The general pattern of age distribution shown in the Table is of course very different from that of mental hospital patients as a whole, where by far the greatest numbers are found in the chronic elderly and senile group.

The majority of The York Clinic patients are or have been married: 101 married women, 86 married men; 13 widows and 5 widowers. In view of the stress which mental abnormality places on the marital relationship, the number of broken marriages was fewer than might be expected: 12 women and 5 men had been divorced or separated. The proportion of single people (males 29%, females 35%) shows an excess of 4% and 7% respectively compared with the population of Greater London (Census, 1951). Here again both social and psychiatric factors are implicated: patients suffering from schizophrenia, for example, are often of a solitary disposition; neurotic fears may deter from marriage. Or the single person may have no one to care for him at home.

TABLE II

SOCIAL CLASS OF PATIENTS

York Clinic, 1955: Bethlem-Maudsley; Greater London

Social Class	Number	Per Cent.	Maudsley† 1949–1951	Census 1951‡
I	126	38·3	7·9	4·9
II	77	23·4	17·0	16·6
III	80	24·3	56·6	54·7
IV	19	5·8	10·8	10·7
V	12	3·6	7·7	13·1
Students Retired, Etc.	15	4·6	—	—
TOTAL	329*	100	100	100

*Tabulation refers to individuals, not total discharges.

†7,252 in-patients

‡Males only

The York Clinic, with its private beds and the prestige of being part of a general teaching hospital, attracts a highly-selected social group. As defined by the Registrar-General's "Classification of Occupations" (with married women assigned by their husbands' occupations), well over a third of Clinic patients are in executive or managerial positions, nearly a quarter are in the professions or are business owners. Clerical and skilled workers are under-represented by more than 25%, in comparison with their expected distribution, while labourers and unskilled workers generally make up less than 10%. Maudsley Hospital, with no private beds, shows much closer correspondence to the Social Class distribution of the census population.

Medical admissions in 1955 comprised 12 doctors and 6 nurses.

TABLE III

DIAGNOSTIC DISTRIBUTION OF PATIENTS (1955)

(Discharges 1st January to 31st December)

Int. Code	Diagnosis	No.	Per cent.	Per cent. for Previous 5 years
301	Manic-Depressive Reaction*	121	34	33
300	Schizophrenia	49	14	8
310	Anxiety Reaction	34	9	12
311	Hysterical Reaction	27	8	7
308	Organic Psychosis	21	6	7
303	Paranoia/Paranoid States ..	19	5	5
322	Alcoholism†	18	5	6
320	Pathological Personality ..	17	5	7
323	Addiction	11	3	
318	Hypochondriasis	14	4	4
304/5	Senile Psychosis	12	3	3
312/13	Obsessive-Compulsive States	8	2	3
316/17	Neurosis with Somatic Symptoms	5	1	4
325	Mental Deficiency	1	1	1
326	Adolescent Behaviour Disorder	1		
327	Undiagnosed	1		
328	Non-Psychiatric	1		
	TOTAL	360	100%	100%

*Of these, 10 were cases of Hypomania

†Primary diagnosis (18). Secondary in an additional 16.

The diagnosis given a patient on discharge has been coded according to the International List of Diseases (1947). Patients with manic-depressive illness continue to make up a third of all Clinic admissions; and the same is found at Maudsley where manic-depressive and neurotic depressive reactions combine in a total of 33%. The principal selective factor here is the likelihood of a good response to electrical treatment (E.C.T.), and the cyclical nature of the illness which in some cases may call for repeated admission. Patients re-admitted with a view to assessment for leucotomy frequently fall in this category.

Schizophrenia, 14%, is the next largest diagnostic group (Maudsley: 15%) and after that there is a fairly wide scatter. Patients formerly subsumed under the heading of Pathological Personality (Codes 320 and 323) have been listed separately this year, so as to show the numbers under treatment for addiction.

Attempted Suicide

Ten patients, 6 women and 4 men, were admitted following an unsuccessful attempt at suicide. The methods chosen were barbiturate overdose (5), gas oven (2), throwing self under train or bus (2), drinking lighter fluid (1), and stabbing (1). One patient combined the gas oven, barbiturates, and a large dose of neat brandy in a specially determined attempt. This preference for barbiturates accords with the findings of Stengel and of Brooke;[3,4] a more recent study of successful suicides in the Oxford area showed that 48% died by coal gas poisoning, only 9% by barbiturate overdose ([5]).

TABLE IV

DISCHARGES, 1955; AVAILABILITY FOR FOLLOW-UP; NUMBER OF REPLIES

Total Discharges	Re-Adm.	Self-discharge	To Mental Hospital	Un-traceable	Died	Other	Total Available	G.P.O. Return Letter	No Reply	Total Replies
360	68	24	13	2	5	26	222	4	27	191
100%	19%	7%	4%	—	1%	8%	61%			
							100%	2%	12%	86%

TABLE IVA

DISCHARGES FOR 5 YEARS, 1950-1954 INCLUSIVE

Total Discharges	Re-Adm.	Self-discharge	To Mental Hospital	Un-traceable	Died	Other	Total Available	G.P.O. Return Letter	No Reply	Total Replies
1572	244	71	88	8	47	60	1054	19	131	904
100%	17%	5%	6%	—	3%	5%	64%			
							100%	1%	13%	86%

Follow Up Findings

These Tables show the framework of the follow-up scheme as organized at The York Clinic. The proportion of patients not followed fluctuates annually around 40%; almost half of these exclusions are those re-admitted within a 12-month period. A postal questionnaire is sent to all eligible patients one year after final discharge; occasionally when judged more advisable, the inquiry is sent to their doctor or a relative.

There were 17 fewer discharges in 1955 than in 1954, but the number available for follow-up, 222, is exactly the same. A similar coincidence appears in the number of replies, 191 and 192. One disturbing feature is the progressively upward trend in the re-admission rate: when first analysed for the 3-year period 1950-52, it was 13%; in 1953 it rose to 15%, and the rate for 1956 is likely to be even higher than the 19% shown for 1955. This means that at any one time, from a fifth to a quarter of the Clinic's beds are occupied by patients who have been there before, some of them several times previously. Of the 68 re-admissions in 1955, 46 or more than two-thirds, were Private patients. As always, the majority of re-admissions are relapsed depressive illness, together with character disorders of various kinds, and hysterical reactions.

Self-discharges again amounted to 7% as they did in 1954. This is lower than the Maudsley rate (1949-51) which was 13.8%. In both hospitals, patients leaving against advice are predominantly from the diagnostic groups least accessible to rational argument or persuasion, *e.g.*, schizophrenia, pathological personality and hysteria. Of the 26 self-discharges from York Clinic, 6 had a diagnosis of schizophrenia, 5 of hypomania, 4 addiction and psychopathy, and 3 each of hysteria, hypochondriasis, and agitated depression.

Fewer patients had to be transferred to an Observation Ward or mental hospital than in 1954 (4% instead of 6%). 5 patients died during the 12-month period; the

death of a further 5 was reported through the follow-up, making 10 in all. Only 2 were suicides; the remainder of the deaths occurred among elderly patients who were known to be affected with malignant or cardiovascular disease. The category "Other" covers mainly untreated short-stay patients, those admitted for a particular diagnostic investigation, etc.

TABLE V

1955: RESULTS OF TREATMENT
ANALYSIS OF REPLIES 1 YEAR AFTER DISCHARGE

Total	Well	Improved	Sick	In Hospital	Dead
191	93	48	39	6	5
100%	48%	25%	20%	4%	3%

TABLE VA

RESULTS OF TREATMENT
COMBINED FIGURES FOR 5 YEARS 1950-54 INCLUSIVE

Total	Well	Improved	Sick	In Hospital	Dead
904	431	284	126	45	18
100%	46%	33%	14%	5%	2%

Results of Treatment

The number of patients replying to the questionnaire or about whom sufficient information was obtained from other sources (*e.g.*, attendance at out-patient follow-up clinic, their own G.P.) remains on an 86% level. This is an unusually high response for any type of postal survey, and can be accounted for by the selected social background of the group, and their personal acquaintance with the investigator as a member of the Clinic staff. When information is received, each patient is assigned by the Consultant who treated him (or her) to the appropriate category, assessment being made largely on objective social criteria such as ability to work, run a home, enjoy outside recreation, etc. The evidence from York Clinic experience is that between 70% and 75% of patients admitted as suitable for treatment will be found fully recovered or sufficiently so to lead a normal life, when followed-up one year later. This corresponds with results reported in a recent survey of general hospital psychiatric units in the U.S.A. and Canada.[6]

Tables V and VA show the consistency of The York Clinic follow-up findings. The number of patients sick and incapacitated at home (Category 3) has risen to 20% from the former average of 14%, a fluctuation perhaps to be explained by the admission of more patients whose illness, on investigation, proved to be of a long-standing and intractable nature (*e.g.*, hysteria presenting as depression). On the other hand, the number of those having to be admitted to mental hospitals has dropped: there were 6 this year, but 13 in 1954.

Leucotomies and Special Treatments. Nine patients, 4 men and 5 women, had a leucotomy operation during the year (the same number as in 1954). When followed-up 1 year later, 6 of these seriously incapacitated patients were back in normal life, 4 of them completely well. The condition of the remaining 3 was unchanged.

This operation, even in its modified form, is undertaken only when all other treatments have failed to give lasting relief: it has proved of great benefit in cases of severe obsessional disorder, agitated depression and anxiety. At Maudsley too, the procedure is sparingly used, only 1.1% of patients being so treated during the 1949-51 period. Figures available from the 20-bed psychiatric unit at St. Thomas's Hospital, for December 1954—November 1956, showed a total of 26 leucotomies performed in the 2 years. This is a much higher proportion.

Although all forms of physical treatment are available and in use at the York Clinic, they are not indiscriminately applied. Every patient admitted, after a full

medical and social investigation, receives a greater or lesser degree of psychotherapy in addition to any drugs which may be indicated or a course of modified insulin. The number of patients in 1955 for whom one or other of the four major procedures, E.C.T., E.N.T. (electro-narcosis), insulin coma, and continuous narcosis, was prescribed was only 126 or 35% (this also includes the 9 leucotomies).

These figures are a corrective to the idea, expressed in some quarters, that psychiatry today consists of an onslaught of physical treatments. Two-thirds of York Clinic patients in 1955 were treated largely by psychotherapy; and the entire ordering of the unit, with its stress on psychiatric understanding and tolerance of disturbed behaviour, designedly provides a therapeutic environment conducive to recovery.

Problems of Placement

It is always difficult to find suitable Homes for old people who can no longer live alone, or be cared for by relatives; and the search becomes even more difficult when old age is complicated by mental infirmity. The York Clinic admits a number of elderly patients whose illness, acute or progressive, may be much ameliorated by psychiatric treatment; who are not candidates for mental hospital care; and who yet must make a break from their former mode of living. Even when there is a relative available, the responsibility of looking after the patient may have become too great, as for instance when repeated suicidal attempts have been made or when the patient is liable to wander off in a temporary confusional state. It is important for the welfare of these old people that they should be kept in touch with their family and friends, nor do relatives happily agree to sending them off to Homes in remote parts of outer London or still further away in the country where visiting is difficult or impossible. This at present is often the only resource available. There is a very great dearth of Homes in the London area which will cater for elderly middle-class patients needing a minor amount of psychiatric care and who can afford to pay between 6 and 10 guineas a week.

The Royal Commission in their humane and enlightened Report[7] recognize the undesirability of segregating old people who may suffer some degree of mental infirmity, and recommend an extension of residential and welfare services in the community, to be provided by the local authority. They deplore administrative attitudes (familiar from attempts to place York Clinic patients) which persist in treating the mentally disabled as a class apart. The Commission's Report generally affirms the belief that mental illness should not be regarded as different from physical illness, and that treatment should be available on a non-discriminatory basis in general hospitals. That this is both practicable and desirable is demonstrated by 13 years' experience at the York Clinic.

Acknowledgements

I wish to thank Dr. D. Stafford-Clark for permission to publish this report. I also wish to thank Mr. P. B. Hildreth for assistance with the tabulations.

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[2]BLACKER, C. P., and GORE, A. T., *Bethlem-Maudsley Triennial Statistical Report*, 1949-1951.

[3]STENGEL, E. (1952) *Proc. Roy. Soc. Med.*, **45.**

[4]BROOKE, E. M. (1956) *Lancet*, **i.** 150.

[5]PARNELL, R. W., SKOTTOWE, I. (1957) *Lancet*, **i.** 206.

[6]BENNETT, HARGROVE and ENGLE. *The Practice of Psychiatry in General Hospitals* (Univ. of California Press, 1956).

[7]*The Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency*, 1954-1957. H.M.S.O.

CORRESPONDENCE

Letters to the Editor of the Gazette

John Reinhold

SIR,—Friends of John Reinhold will be comforted to hear that members of the Staff of the Denver Medical School are not only taking care of his family's immediate needs, but are starting a fund for their future use. Generous as their gifts are likely to be it is improbable that they will cover all requirements.

I believe that many in this country will want to show practical sympathy. It is proposed to start a fund towards the children's education. A workable scheme will be arranged as soon as possible, meanwhile I should be glad if those who would like to help will send me their names, either to this address or c/o James Goodliffe, Esq., The Appointments Bureau, Medical School, Guy's Hospital, London, S.E.1.

Yours etc.,

CHARLES JOINER.

Highlands Lodge,
Oldfield Road,
Bickley, Kent.

The Aetiology of Lung Cancer

SIR,—Your remarks in *Passim* of the 3rd August issue of the *Gazette* suggest to me that present day Guy's men might be interested in the reminiscences of two old Guy's men whose hospital experiences date back to the late Victorian era, when men smoked just as much, and just as contentedly, as they do now, London's atmosphere was much more smoky that it is at present, fogs much more prevalent, and all road traffic was horse-drawn. In this era nobody was troubled with the fear of contracting lung cancer.

I, and Harold Wilson Bruce, M.D., F.R.C.S., with whom I have maintained contact to the present day, were house surgeons in 1898, and besides this, held other appointments, such as 'Clinicals' in the old Clinical wards 'John' and 'Miriam' and 'Charities'. We both came into intimate contact with all the other house surgeons and house physicians, particularly at the Residents' table where we all foregathered for meals, and where everything connected with the Hospital was freely discussed. Neither of us can remember ever hearing of any case of primary lung cancer occurring in the Hospital during our period of service. Our inference is that there weren't any, and this lets out tobacco and coal smoke as causative agents.

It surely is unthinkable that tobacco, after more than 300 years of innocence, should suddenly switch over from being a solace to becoming a scourge, with inevitable death in the background. It is as little likely as that our domestic cats should suddenly take to producing litters of wolf cubs.

In the early years of this century the first motor-cars made their appearance and were promptly dubbed 'stink-pots,' for they left a madodorous trail behind them. They quickly came into favour, until now our roads are congested with them, and the air in our more crowded streets most obviously tainted with the exhaust vapours poured out by every passing vehicle. We, in company with many others, are firmly convinced that the exhaust vapours are the primary cause of lung cancer, and that if it is true that smokers are the chief sufferers, it must be because of the catarrhal trouble in the bronchial tubes which tobacco smoke undoubtedly engenders. These vapours are inescapable, which accounts for the fact that non-smokers are liable to the disease, though in lesser degree.

I have an old 'Osler' medical textbook, dated 1901, which states that primary lung cancer is rare and equally divided between the sexes, which is interesting, for at this time women rarely smoked. I have also a 'Taylor and Poulton' textbook of medicine, dated 1922, and this describes carcinoma of the bronchus as we find it today, but does not specify its frequency. Clearly, if one may use a well remembered war-time Churchillian phrase, by this time the 'worm was in the apple', and equally by this time the roads must have been fairly thick with motor vehicles.

I should like to know whether the investigators have been able to produce figures as to the relative proportions of smokers to non-smokers during the period

they have been investigating, to justify the dogmatic figures that have been published stating that heavy smokers are so many times more likely to be victims than are non-smokers. Also I should like to know whether the great oil companies have followed in the footsteps of the tobacco combines, by contributing handsomely to the funds of cancer research. If not, they certainly should, for there is little doubt that they are responsible for the 'nigger in the wood pile'.

Yours etc.,
WILLIAM T. WILTON, M.D.

29, Westmount Road,
Eltham, S.E.9.

REVIEWS

Movement of the Heart and Blood in Animals. An Anatomical Essay by WILLIAM HARVEY. Translated from the original Latin by KENNETH J. FRANKLIN. 1957. Blackwell. *Price* 17*s.* 6*d.*

This is a tercentenary book, published for the Royal College of Physicians by Blackwell's. It is a beautiful piece of work, containing Professor Franklin's excellent new translation together with the Latin text of *De Motu Cordis*. The famous figures from the original publication are reproduced, and a colour reproduction of the Royal College portrait makes a pleasing frontispiece. The typography, particularly that of the three title-pages, is a delight to the eye and in the best traditions of the publishers, At present-day prices this is good value at 17*s.* 6*d.*, and no medical lover of beautiful books is likely to be able to resist it.

T.W.H.

FILM REVIEW

"NO TIME FOR TEARS" (Director: Cyril Frankel)

No Time for Tears had its world premiere on 8th August at the Rialto, Coventry Street. It is perhaps a sentimental film, but this means it deals with emotions and emotions do play a big part in the lives of human beings. The film is well worth seeing; any person would enjoy it for it is well made. Flora Robson is a night nurse in a children's ward and she alone is well worth a journey. Why is she not Dame Flora? Lots goes on in the children's ward. The anæsthetist persuades the surgeon that a pre-operative sedative will make the procedure a lot easier for a child. The pædiatrician shows a student how properly to comfort a crying child. And while most of the children may not seem to a doctor to be very ill, the ward has a good, indeed an admirable, attitude to children.

It is useful to see ourselves through others' eyes. While this film was being prepared, one of the producers came on a round in *Diplock* ward, and watched and indeed, recorded everything that went on during the round. Even if the film was not shot in *Diplock* ward, we have an interest in the film. We would like to think that to some extent the humane attitude shown reflects what goes on in *Diplock*. It is well reviewed, and deserves a visit; anyway Flora Robson is in it.

R.C.M.

SPORT

LAWN TENNIS CLUB

U.H. Cup: Final Round

Guy's beat U.C.H. by 5-4

The final of the U.H. Lawn Tennis Cup was originally arranged to be played at the U.C.H. ground on Saturday, 27th July. Heavy rain, however, washed out the match before the first round was completed. The match was replayed at H.O.P. on Monday, 29th July, in the evening, and a fresh start was made owing to the fact that Elsdon-Dew was unavailable, Rose replacing him.

The grass courts at H.O.P. were in very good condition, better than they have been all the season, and Mr. Kirby's effort at such notice

was much appreciated by all players. The match commenced at 5 p.m. and the Guy's team grimly began their task. The first round of matches was the most important, and it remained to be seen whether the Guy's couples could overcome the corresponding couple in the U.C.H. team. Devereux and Black, at first couple for Guy's, had a very good, hard-hitting match with the U.C.H. 1st couple, which they eventually lost in straight sets by 8-10, 4-6, after leading 5-2, and 6-5, 40-15, in the first set. Their failure was due to their inability to "tighten up" in a crisis. Maggs and Sellman at second couple, and Rose and Smith, playing third, both won their matches in straight sets—fortunately for Guy's, as these were the vital matches.

The rest of the game took its expected course. Devereux and Black won their remaining two matches in straight sets. Maggs and Sellman beat the U.C.H. third couple, but lost to their first pair, while Rose and Smith lost their remaining games. Guy's thus emerged winners by 5 rubbers to 4, and won the U.H. Cup for the seventh year running. Maggs and Black have been in the cup-winning side for the last three years, Sellman and Devereux for the last two It is of interest to note that the Guy's side for next year will lose only Black, the captain, while Dobie, who normally plays with Black at first couple, but who was unavailable for the final, will still be at Guy's.

Details (Guy's names first) :—

1. Black (Capt.) and Devereux lost to Lumley and Lewis 8-10, 4-6 ; beat Thompson (Capt.) and Campbell 6-2, 6-1 ; beat Colt and Hems 6-4, 6-3.

2. Maggs and Sellman lost to Lumley and Lewis 3-6, 6-1, 2-6 ; beat Thompson and Campbell 6-3, 9-7 ; beat Colt and Hems 6-2, 2-6, 6-1.

3. Rose and Smith lost to Lumley and Lewis 4-6, 2-6 ; lost to Thompson and Campbell 5-7, 6-2, 2-6 ; beat Colt and Hems6-2, 6-0.

1st VI *v.* Mr. J. B. Blaikley's VI

The annual fixture between the current Hospital side and the President's VI was played at H.O.P. on Sunday, 28th July. Mr. Blaikley, in his first year as President of the Lawn Tennis Club, had brought together a team of former Hospital players, including Mr. H. G. N. Cooper the former Guy's and Wimbledon player, who was partnered by Mr. G. B. Clinton-Jones, last year's captain of Guy's.

The match was played in a very good spirit, with everyone playing for the enjoyment of the game, rather than playing to win at all costs.

Eventually the Hospital side won by 7-1, with one match halved. The match, however, was very close but the students were more in practice than their opponents and were accustomed to their partners, whereas the Seniors were playing together for the first time this year. The only game won by the President's VI was won by Mr. Blaikley and Dr. Marsh who beat the Hospital first couple in three sets. Mr. Blaikley's steadiness, and some amazing anticipation and retrieving by Dr. Marsh, eventually wore down Black and Devereux, who relaxed after the first set, and then found they could not tighten up their game sufficiently to win.

Mr. Blaikley is to be thanked for his generous part as host and for the good time had by all.

Details (Guy's team first) :—

1. Black (Capt.) and Devereux beat Mr. H.G.N. Cooper and Mr. G. B. Clinton-Jones 6-3, 6-4 ; lost to Mr. J. B. Blaikley (Capt.) and Dr. S. A. Marsh 6-1, 3-6, 1-6 ; beat Mr. T. L. T. Lewis and Dr. S. A. Marsh 6-4, 6-4.

2. Sellman and J. A. Quant, Esq., beat Mr. Cooper and Mr. Clinton-Jones 6-4, 6-4 ; beat Mr. Blaikley and Dr. Marsh 6-2, 3-6, 6-3 ; beat Mr. Lewis and Dr. K. Thomas 6-3, 6-3.

3. Rose and Smith drew with Mr. Cooper and Mr. Clinton-Jones 7-5, 1-6, unfinished ; beat Mr. Blaikley and Mr. P. J. Dwyer 6-1, 6-4; beat Mr. Lewis and Dr. Thomas 6-2, 6-1.

HOSPITAL INFORMATION

APPOINTMENTS

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Panel of Examiners

The following have been elected to the panel of examiners for the membership examination.

E. R. Boland A. C. Hampson

MEDICAL RESEARCH COUNCIL

Rockefeller Fellowship

Dr. G. R. Webster, senior lecturer, department of chemical pathology, Guy's Hospital Medical School, has been awarded a Rockefeller Travelling fellowship in medicine.

APPOINTMENTS VACANT

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road London S.E.1

Applications are invited for the post of **Non-resident Senior House Officer** in the Casualty Department for five morning sessions weekly. The appointment is for six months from the 1st October, 1957. Applications and copies of three recent testimonials should reach the Hospital Secretary by the **29th August 1957.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months, commencing on 1st October, 1957. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made within one week of the appearance of this advertisement to K. J. Johnson, House Governor & Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

GUY'S HOSPITAL S.E.1

Applications are invited for the post of **Part-time Registrar (mid-grade)** to the Endocrine and B.M.R. Department with duties on 7 sessions per week, commencing 1st October, 1957.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **5th September 1957.**

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in Minor Oral Surgery** (with attendance on 6 sessions per week) to commence duties on the 1st October, 1957, or as soon thereafter as possible.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Friday 13th September 1957.**

PASS LIST

UNIVERSITY OF LONDON

M.D. Part I

July, 1957

N. S. Galbraith

Special First Examination for Medical Degrees

June, 1957

Frances Arthure
P. Beasley
R. A. Ellis
M. H. Fanner
P. J. C. Hargraves
Mary R. Hayden
J. M. S. Hayfron-Benjamin
M. J. House
A. Leigh-Browne
J. G. Machado
A. R. Nathoo
R. J. O. Smith
J. R. T. Warren
W. G. Webb
J. L. Williams

Special Second Examination for Medical Degrees

July, 1957

M. K. V. Adalja
P. J. Brewer
R. G. Bury
K. J. Connolly
A. S. Cooper
Jennifer Craig
C. S. D. Crane
J. D. Eustace
Ann D. Fairclough
R. A. Forster
Jennifer P. Fry
J. R. Mansfield
J. F. O. A. I. Mustaffah
J. B. Sales
G. M. Slade

The following General Certificate of Education Candidates have qualified for exemption from the first medical.

Norma L. J. Allen
A. H. Binstead
D. J. Boulton
I. M. Boyd
M. F. Bradshaw
J. D. Bryant
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R. B. Charter
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Dickson, J. M.
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ERRATUM

In our last issue it was announced that S/M D. Cole had left. This should have read S/M S. M. Cole.

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bloom, Arnold. Bilateral Uretero-Sigmoidostomy, Acidosis, Osteomalacia. *Proc. R. Soc. Med.*, 1957, **50**, 512.

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Burn, J. H. Discussion on the Pharmacological and Medical Aspects of Smoking: The Pharmacology of Smoking. *Proc. R. Soc. med.*, 1957, **50**, 500.

Butterfield, W. J. H., Fry, I. Kelsey, Hardwick, C. and Holling, H. E. Tolbutamide in Treatment of Diabetes Mellitus. *Brit. med. J.*, 1957, ii, 325.

Denny-Brown, D. The Impact of Science on Neurological Medicine. *New Zealand Med. J.*, 1957, **56**, 159.

Douthwaite, A. H., Hunt, J. N. and Macdonald, I. A Long-acting Inhibitor of Gastric Secretion. *Brit. med. J.*, 1957, ii, 275.

Hudson, E. H. Cysts of the Lung. *Med. Pr.*, 1957, **238**, 117.

Hume, Michael and another. Ventilatory Capacity in Chronic Bronchitis after Oral Ephedrine. *Tubercle*, 1957, **38**, 199.

Knox, R. and Woodroffe, R. Semi-solid Agar Media for Rapid Drug Sensitivity Tests on Cultures of *Mycobacterium tuberculosis*. *J. gen. Microbiol*, 1957, **16**, 647-659.

Marshall, Sir Geoffrey. Discussion on the Modern Outlook in the Management of Pulmonary Tuberculosis: Chemotherapy. *Proc. R. Soc. Med.*, 1957, **50**, 488.

Witts, L. J. and others. Surgery in Hæmophilia. The Use of Animal Antihæmophilic Globulin and Human Plasma in Thirteen Cases. *Lancet*, 1957, ii, 251.

Wright, E. A. and another. Pseudomembranous Enterocolitis with Jejunal Perforation Associated with *Cl. Welchii* Infection. *Med. Pr.*, 1957, **33**, 408.

CHANGES OF ADDRESS

A. Gibson, B.D.S., 90, Riddlesdown Road, Purley, Surrey. (*Practice*: 393, Streatham High Road, London, S.W.16).

Janet M. James, S.R.N., The Timbers, Church Hill, Nutfield, Nr. Redhill, Surrey.

Donald King Price, M.B., B.Chir., Sick Children's Hospital, Toronto, Canada.

John King Price, M.B., B.S., P.O. Box 129, Wyoming, Ontario and P.O. Box 323, Watford, Ontario. Canada.

K. Wilderspin, M.B., B.S., 'Hillsboro', Bagshot Road, Bracknell, Berks. (Tel. Bracknell 127).

BIRTHS

CUMBERBATCH.—On 20th July, 1957, to Jean (née Bridgewater), wife of John Cumberbatch, M.B., B.S., B.Sc., a daughter (Jane Elizabeth).

HAMILTON.—On 20th July, 1957, at Guy's Hospital, to Mary (née Magor) wife of Jim Hamilton, a daughter (Jenefer Mary).

HOUGHTON.—On 1st August, 1957, at Guy's Hospital, to Verna (née Firth), M.B., B.S., D.(Obst.)R.C.O.G., wife of David Houghton, M.Sc., a son (Andrew).

TUNNADINE.—On 7th August, 1957, to Prue (née Bellam), M.B., B.S., D.R.C.O.G., wife of David Tunnadine, M.B., B.Ch., D.R.C.O.G. a son (Charles Henry John), a brother for Richard and Susan.

WILSON.—On 5th August, 1957, to Betty (née Robson), wife of John Hamilton Wilson, B.M., B.Ch., a daughter (Elizabeth).

WOOLSTONE.—On 21st July, 1957, at Plantation Nursing Home, Norwich, to Patricia (née Saxton), wife of Adolph Woolstone, M.R.C.S., L.R.C.P., a daughter (Amanda Jane Louise), a sister for Susan, Barrington and Fay.

MARRIAGES

BULSTRODE—MORGAN.—On 19th July, 1957, at Christ Church, Mayfair, Christopher Dymoke Bulstrode, L.M.S.S.A., to Ivy (Molly), Mary Morgan, S.R.N.

DAVIES—MARSHALL.—On 5th June, 1957, at Docking, Norfolk, Christopher D. W. Davies, M.B., B.S., to Heather E. Marshall, S.R.N.

KING PRICE—STONE.—On 5th June, 1957, at St. Paul's Anglican Church, Point Edward, Ontario, Canada, John King Price, M.B., M.R.C.S., to Frances Stone, Reg.M.

DEATH

SCOTT.—On 11th August, 1957, passed away, Orpington Hospital, Eric A. Scott, D.A., F.F.A.R.C.S., of 33, Harley Street, London, W.1.

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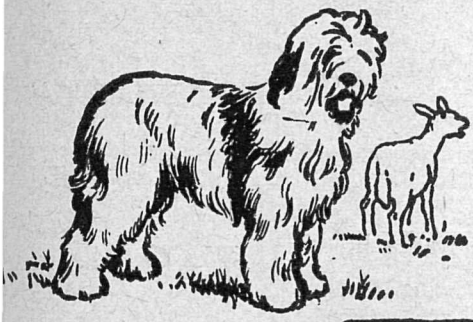

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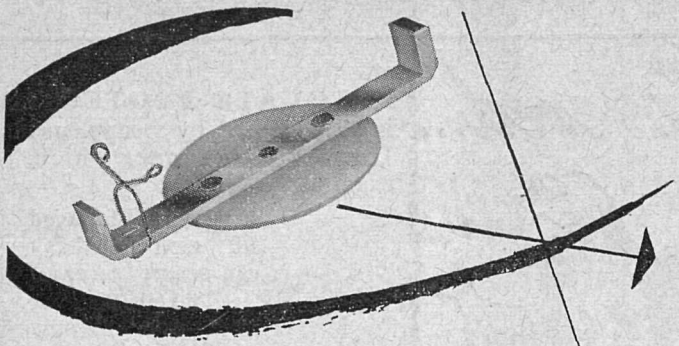

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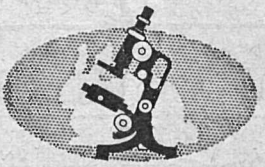

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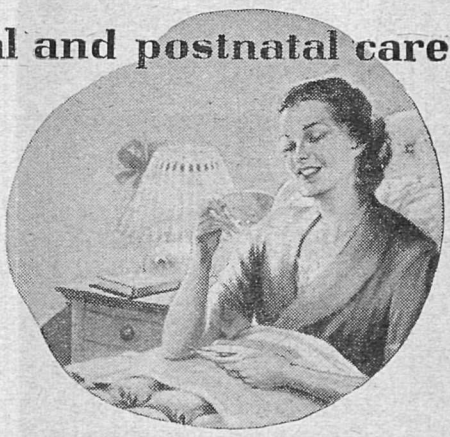

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GUY'S HOSPITAL GAZETTE

31st August 1957

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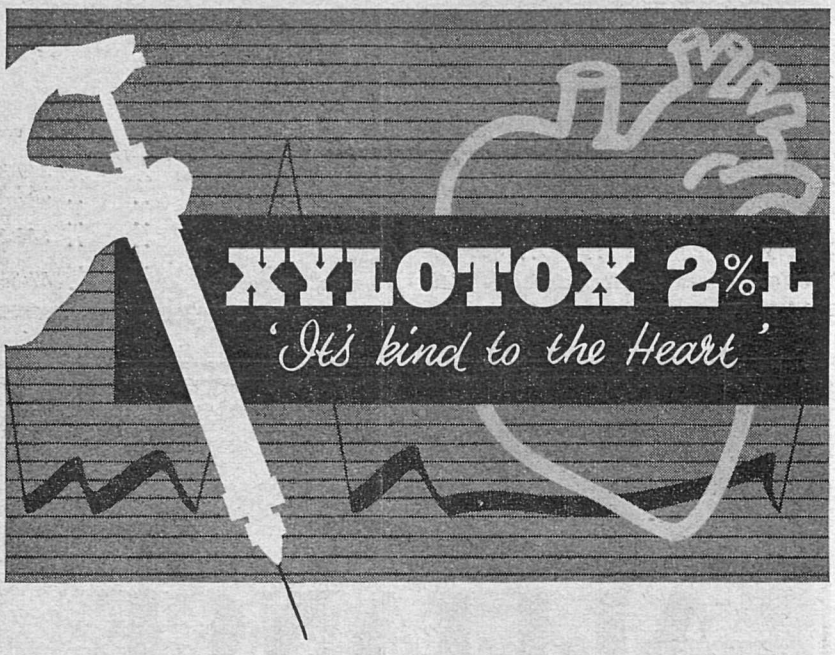

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1. Holtz et al., Klin. Wochschr. 1951, *29*, 393.
2. Epstein et al., J. Dental Research 1951, *30*, 870.
3. U.S. Von Euler, "Noradrenaline", Springfield, U.S.A. 1956.

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PASSIM

IN this issue we publish the names of those who have been selected for house appointments beginning on 1st September. We offer them our congratulations, for it is a mark of quality to be chosen from among many competitors, and it is natural that they should be proud to be able to serve the Hospital which has been responsible for their medical education. Nevertheless, if they were to ask those who are 'going off' what they have gained from being house officers here it is hard to surmise how much further they would go beyond pointing out the undoubted advantage to one's future career—in whatever field of medicine it may be—of simply having held house appointments at a teaching hospital. This has so long been accepted without question as a yardstick of merit that it is time to consider whether in fact it does not bestow an undeserved superiority over those who have worked in provincial hospitals.

With this one exception, there is so much to console the second eleven who have to be content with jobs at the better provincial hospitals that it is to be wondered whether it may not be they who are the luckier ones. For they will undoubtedly receive more experience—both in the amount and variety of work—more responsibility, more respect, and more comfort, than their colleagues here. At a teaching hospital there is, generally speaking, a smaller turnover than elsewhere, the cases are more selected and less representative of general medicine and surgery, and there are also more specialist and semi-specialist firms to skim off certain types of case. Hence, for example, our appalling ignorance of neurology and urology here, which may never be remedied by those who have not been on the firms concerned, either as student or house officer. Contrast the experience of a doctor going on the Register from a busy provincial hospital with one from a teaching hospital who may be expert as second assistant at adrenalectomies and in the use of the latest anti-diabetic drug, but little else. At a teaching hospital far too much time is taken up in formalities and pettifogging administrative irritations which sap the energy and enthusiasm of the best of us ; and the house officer who is unusual enough to come to a teaching hospital after a job outside will be surprised to find how he is regarded in many quarters as something less than contemptible instead of a responsible member of the medical staff. On the material level too, those who go elsewhere are unlikely to find a hospital where their food is as bad or their accommodation as pitifully inadequate as it is here. And all this is because the *kudos* of teaching hospital jobs enables the authorities to force their employees into accepting unsatisfactory con-

ditions. The utter lack of consideration so often shown towards house officers in personal matters is only possible while the supply greatly exceeds the demand.

Of course it is practically unthinkable that the supply should ever fail to exceed the demand, and that is the only reason why the present state of affairs is allowed to continue. But it is just possible for the current feelings of dissatisfaction to spread to the newly qualified and grow into something militant. The time might yet come when they will refuse to be wooed by the supposed attractions of the teaching hospital and choose to go elsewhere. Then one day selection committees may begin to recognize the underrated merit of house appointments in many provincial hospitals.

The current issue of the *Guy's Hospital Reports* contains an historical article of great importance. This is a fascinating account by Mr. Raymond Russell of the early 19th Century operating theatre which still exists in the roof of St. Thomas's Church, now used as the Chapter House of Southwark Cathedral. The prospect of restoring this theatre in the near future is an enthralling one, and we hope that when the appeal is opened for the necessary money there will be a generous response by Guy's men.

We are pleased to see that Dr. Mann has resumed his activities at Guy's, following absence due to illness. At least three medical firms will have missed the benefit of his teaching, and we hope that he maintains good health.

We recently said goodbye to Sister Janet, who for the past eighteen years has been Principal Sister Tutor of the Preliminary Training School. The holiday season has caused a little delay in the full recognition of her retirement in these pages, but we are now able to publish the appreciations which have been written for us by two of her colleagues. At the same time we wish her every happiness in her well-earned retirement.

Last March we drew attention to the activities of a former Guy's student who was in the habit of visiting old Guy's men to try to borrow money. It has been reported to us that he has been continuing this activity, so with the greatest distaste, but for the sake of our readers, we are repeating the warning.

A car parked in the courtyard recently was seen to bear a badge on its bumper with a floral design and the words 'National Hospitals for Nervous Diseases'. Perhaps someone will design a badge for Guy's and start the spread of the vogue to the point where enthusiasts will require double bumpers. It will then have reached the present stage of triangular labels on windscreens, the best comment on which we saw recently on a car with just one label, bearing the words 'Ain't been nowhere'.

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Retention of Urine.*
9th	M	1.00	Dr. E. H. Rink. Clinical Lecture.
12th	Th	5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
13th	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
14th	S	10.00	Mr. Norman C. Tanner (Charing Cross Hospital). Departmental Round.

GUY'S HOSPITAL REPORTS. 1957. Vol. 106. No. 3.

Editor : SIR RUSSELL BROCK, M.S.

Assistant Editor : J. C. HOUSTON, M.D.

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OBITUARY

ERIC ARNOLD SCOTT, F.F.A. R.C.S., M.R.C.S., L.R.C.P.

"Is that really the Garden of Eden, sir?" asked the soldier; and he pointed to Olympus, visible far away from a headland on the outskirts of the noisome port of Salonika. "Because," he went on, "if it is, no wonder the Apostles left it!" In the unlikely land of Macedonia, with its trying climate, untutored Aborigines, smells, aches, diarrhœa and malaria, Destiny began to shape a path towards the Colonnade of Guy's for one of the kindest-hearted men that I have known, Dr. Eric Scott. He had taken his degrees from University College Hospital, holding an appointment with the celebrated surgeon Wilfred Trotter; had joined the R.A.M.C. immediately afterwards; had been sent to Salonika, and had there begun to cultivate his faculty for anæsthetics. That was not all he gained, for he began also to discover a talent for administration, learnt the workings of the military mind and developed an affection for the fighting man, properties to be turned to further account in the second war in which he was engaged. Invalided home at last on account of malaria, like so many others, he continued to advance his proficiency in anæsthetics at Aldershot, where his ability attracted

the attention of a group of Guy's men, Fagge, Arbuthnot Lane and Chapple. In 1918 in consequence he was demobilized and appointed to the staff of Guy's as anæsthetist, a tribute to his merit, because in those days there was but one man upon the staff not Guy's, Sir Cooper Perry. I am not the person to give an expert opinion upon Scott's methods, but I can testify that he was highly competent, comfortable, conservative and absolutely safe.

As my scope at Guy's was quite different from Scott's, we did not meet at work, but we met often all the same; and this genial man never failed in a friendly advance and cheerful conversation. When, then, I was moved to Orpington in April 1940, I found two friends there, the Superintendent Campbell, and Scott his next in command. Having written the history of Orpington once, I need not re-write any of it here; but I may repeat what I formerly said, that Scott was the wisest and kindest of counsellors, whose advice was sought again and again; that he was an expeditious and efficient administrator, and that in his dealings with public bodies, civil or military, he was sagacious and adroit. He diffused his humanity about him and as much as any man was responsible for the fine spirit of Orpington Hospital.

After the war the presence of Scott as Medical Superintendent was most valuable, since a large part of the blood of Guy's continued to flow through Orpington. Nevertheless he was presented with a dilemma. To hold that post meant resignation from the active list at Guy's: to remain at Guy's meant relinquishing his superintendency at Orpington. His friends had little difficulty in knowing which course to favour, for they knew that his health now was not quite what it had been. So Scott elected to be numbered among the *emeriti*, continued to practise his art in the theatres of the hospital that he henceforth considered his own, and when the Health Act came into force, ensured the successful metamorphosis. He made many new friends too and grew another reputation among the inhabitants and practitioners of Orpington.

Like most men of finer mind Scott had interests outside medicine. History claimed his attention, especially that of the Eastern Mediterranean; but above all his passion was for music, particularly that of Wagner. I like to think of him as I once found him, his gramophone discoursing strains appropriate to Covent Garden, his wand in hand, his head shining, his face rapt, conducting an imaginary orchestra, oblivious of the world—or else beaming across the Superintendent's desk with his accustomed greeting, "Well, Henry?"

In his last year Scott's health began to fail. But the sturdy figure still stumped daily up the hill, that the multifarious duties might be carried out and the proper running of the hospital be ensured. The time came when all knew that the end was at hand; yet the devoted man was to be found still at his duties within three days of passing away. It was as a soldier that we greeted Scott: it is as a soldier that we bid him farewell, a man faithful to his post until the last bugle rang.

H. St. H. V.

B.D.J. writes:

The writer did not have the pleasure of meeting Eric Scott until the outbreak of the War. Then so many Guy's men were drafted into E.M.S. hospitals in the country, and Scott went to Orpington, which was a hospital for chronic sick administered by the Public Assistance Department of the Kent County Council.

The story of the development of that hospital has been told elsewhere and much has already been written about the spirit and "personality" of the Medical Officers' Mess. In both spheres, Scott played no small part, and if the memories of many of those who served as house officers in the early days of the War are those of real friendships made, and of a happy community life when every gathering for a meal became a feast of fun and good fellowship, they will surely know that this was largely due to the presence of "Scottie," his jokes, his anecdotes and even his not unlovable irascibility.

Who can forget the humid night of the Mess dance when it was agreed to turn out the lights and draw back the black-out curtains to let in a breath of air? As soon as the lights came on again, the not inconspicuous figure of the most senior member of the Staff was discovered swathed in coat, scarf and Balaclava helmet. Where these came from, or how the Deputy Superintendent got into them unobserved will never be known.

Or who will not remember the same deputy inveighing against Ministerial instructions in terms of ever-increasing rotundity and ending with the following: "I'm fed up with this d——d war; all we seem to do is to stand still and pass the baby from buck to buck!"

Later on the writer had the privilege of serving under Eric Scott both as his first assistant in the Department of Anæsthetics at Orpington and as his Deputy Medical Surprintendent, when Scott succeeded Maurice Campbell as Superintendent at the end of the War.

One characteristic of the man impressed him beyond all others—and must be chronicled. Scott had the most amazing capacity for friendship, and his loyalty to his friends, who were often his juniors, knew no bounds. Or if anyone of his Staff had been dealt with unjustly, Scott would spare himself nothing to redress the wrong, and would battle with authority unceasingly, often over months and years, until right was done.

Those who knew him well will bitterly regret his passing, for they will be mourning the loss of a really true friend.

R.A.J. writes:

Not only on behalf of myself, but also of the many house officers who served at Orpington under his wise administration of the mess, I would like to pay tribute to the memory of a kindly tolerant man, who faced many difficulties with courage and a fine sense of humour.

I have particular reason to remember him for his kindness to my wife and myself during the darkest days of the War, when with a colleague he was instrumental in saving my wife's life, and making what was for me a very difficult time more bearable.

SISTER JANET JAMES—AN APPRECIATION

I first met Janet James soon after she started training at Guy's in 1920. She had already had some nursing experience as a V.A.D. in Cambridge during the war. Later we were senior pro. and head nurse together in a medical ward. Miss James was appointed Sister on the surgical side and later in *Addison* ward, and we worked together again in the Preliminary Training School when Sister Janet was assistant tutor. In those days the pupils gained practical experience in sick-room cookery and they prepared meals for the Nurses' Sickroom. Sister Janet enjoyed planning menus for the sick nurses and her scones were delicious.

Always energetic and quick, and herself a hard worker, she expected a high standard of those working with her. Discerning in her judgment of student nurses, she was very kindly to nurses who were sick or worried with personal problems.

After leaving Guy's to take the Sister Tutor course at King's College of Household and Social Science, Miss James was appointed tutor at St. Mary's and returned to Guy's in charge of the Preliminary School in 1939. The school was then evacuated to The Grange at Pembury and Sister Janet had to deal with the changing environment for her department. Guy's had charge of over 2,000 beds in several units during the war and was training a greatly increased number of nurses. For some time there were two Preliminary Schools, one in Tunbridge Wells and one in London. Sister Janet came back to Guy's with the Preliminary School towards the end of the war, but in 1946, when the Block System of training was introduced, the classrooms at Guy's were required for the senior school. The Preliminary School moved to "Holmesdale", a large house which the Governors had acquired at Nutfield, Redhill. The student nurses and tutors came up to Guy's once a week by bus. This move meant a great deal of readjustment and organization for Sister Janet. The house had been used by one of the Women's Services during the war, but for some time there were problems of plumbing, hot water supply, heating and catering to be dealt with, as well as the school curriculum. The student nurses enjoyed their country quarters with the amenities of "Holmesdale."

Sister Janet always had interests as well as her work, especially books and concerts, and soon made herself interested in the affairs of the village and of the Women's Institute. Hundreds of Guy's nurses will be grateful to her for the start she gave them in their nursing career. They will remember with affection her energy and her dry humour. We know that she will be busy in her retirement and we wish her happiness in her new residence, The Timbers, Nutfield.

D.L.H.

J. A. writes :

It was with very mixed feelings that the Sisters and Nurses and representatives of the Board of Governors and the Medical School met to pay tribute to Sister Janet on the occasion of her retirement after twenty-eight years of loyal and devoted service to Guy's.

It is perhaps as Principal Sister Tutor in the Preliminary Training School that most of us remember Sister Janet—a post which she held since 1939—but before departing in 1931 to take the Sister Tutor course at King's College of Household and Social Science, and subsequently to become Sister Tutor at St. Mary's Hospital, she held the post of Sister in charge of the surgical and medical wards.

A more energetic person it would be difficult to find, or one more interested in young people, by whom she was beloved. Many are the stories they could tell of her dry humour which enlivened her sound teaching and the rate at which she shepherded her students through the Park, *en route* to the Medical School, was one of the highlights of "Wednesday at Guy's" !

Her superb ability to judge a nurse's potentiality and character will long be remembered, as will her influence upon hundreds of Guy's nurses whom she received into the Preliminary Training Schools at Tunbridge Wells and at Holmesdale, and many will remember her teaching and good advice with gratitude and affection, even to the extent of polishing furniture, now that they are running their own homes !

Despite the distance of the Preliminary Training School from the Hospital, the spirit of Guy's, embodied in its motto, was as much part of Holmesdale as the Hospital, thanks to Sister Janet and the Sisters who through the years have worked with her.

Now Sister Janet is looking forward to many happy and active years in her delightful home which she has recently purchased in Nutfield, where she has so

many friends and interests. Already she is being contacted to serve on a number of committees, so with the village, the Red Cross and State examinations we foresee a very full life ahead for her. We only hope that she will find time to enjoy the lovely television set with which she was presented by the Board of Governors—and who knows, she may become as successful at spotting the winners as she watches the big races as she was in forecasting the Guy's medallists.

MODERN MALADIES—OLD PHILOSOPHIES

II. THE CORONARY ARTERIES—PLATO

By H. St. H. VERTUE

DOWN a narrow lane that leads to a river in one of our older Universities is a museum of modest size but of surpassing excellence, the repository of Classical Archaeology. There it fell about one day that I found myself before the Lemnian Athena, without sight or sound of other living creature. The fair sculptured forms stood silent round and the great Athena Promachos, with owl and serpent, with helmet, shield and spear, rose up behind. The happiness that comes to man from the worship of whatever is to him most wise, most noble, most beautiful and most benign is as perfect as any that he can know, brief in its intensity but in its fulfilment unalloyed, and without doubt real. "The wise man looks with admiration at the nature and state of the gods. He tries to approach it and yearns, as it were, to touch and to be with it. He calls the wise friends of the gods and the gods friends of the wise." *Glikhetai,* the strange word used for yearning in this fragment of Philodemus, indicates well the aspiration; and what the god or goddess bestows in exchange is the moment of beatitude. But footsteps among the Praxitelean shapes put an end to that brief fit of communion with the beautiful and serene: they were those of Stan, who has care of the statuary, besides now and again waiting at table in a hotel near by; and he was to bring me down into the basement, where there are delightful Hellenistic and Roman works not generally shown to the public. Having had my fill of these pleasures and having bade farewell to the courteous Stan, I stepped forth into bright sunshine, still entertaining in my mind those "Attic shapes, fair attitudes" and that old philosophy that leads to love and never to fear, but not taking much note whither my feet were leading me.

Suddenly my attention was attracted by the sound of a cuckoo and I became aware of a gentle zephyr that was wafting sweet odours of violets, wallflowers, hyacinths and other spring flowers in my direction. Before my feet, I perceived, there stretched a meadow, bejewelled with lady's smocks and buttercups, where a river wound its way among willows in the background, a wooded hill sloped upwards to a gleaming temple on one side and on the other stood open the door of a walled garden, with a house beyond. Clusters of narcissi were blooming round that open door and the blossoming boughs of an apple-tree hung over the wall. On every side, from every tree the little fowl poured forth their cheerful lays, joining with winds and waters in one heavenly concent. Eagerly I passed beneath the apple-tree, crossed the lawn and entered the house, where I found seated at a table a courtly gentleman who rose to greet me. You would say that elegance and good breeding were allied with the vigour of body and masculine breadth of mind that shone from his face and form, and that Zoffany or Reynolds would have done him justice. "I have been expecting you" he said, "my name is Eryximachus."

I was animated and delighted by this welcome disclosure. "Yours is a name" I exclaimed, "that is bound to awaken admiration and affection; and at the present time there is no one with whom I would more gladly converse, for the truth is that Medicine at the moment is a matter for concern. I ask myself why so many of us lose our lives prematurely from disease of the coronary arteries. Is it some error in our way of life that cuts off men most worthy and most loved? Friends must mourn their loss; medicine can ill spare them; and their family, perhaps, faces calamity. But you are one who illuminates the very name "physician." You took your place among that company of wits, men of Athens in her prime, who assembled at the most famous banquet in history, the Symposium that bears the name of Plato. There among philosophers and poets at the house of Agathon, winner of the tragic crown, you, with Phaedrus, laid it down that each guest in turn should deliver a

discourse upon beauty and love, while the wine was temperately consumed, contributing yourself a thesis about harmony in nature. It was then and there that Socrates was delivered of his greatest gift to mankind, the doctrine of the ideas; but if Eryximachus had not been there, the world would not have known it, at least in the form that we admire so much. I desire now with your help to see Medicine in the light of the ideas and so to gain fresh insight into the roots of our art." Eryximachus bowed. "Outside in the courtyard" he said, "a fountain plays and beneath the mulberry tree there is a seat. A boy will bring Chian wine." When we had stepped outside, a beautiful youth came forward, clad in a loose tunic of silk that left bare his shapely arms and knees, coiffured too with elegant taste and anointed with Syrian balm. I quoted Horace,

Puer quis ex aula capillis
Ad cyathos statuetur unctis?

The youth smiled charmingly, and having poured forth the Chian into shining goblets, withdrew. When we had pledged one another, Eryximachus opened the subject.

"The object of our study," he said, "is pursued in a series of ascents. We begin with the beauties of earth, which are the most easily comprehended, and mount upwards step by step. Let a youth next be led to the contemplation of those fair forms that art creates, having already been surrounded by beautiful objects from infancy, if his parents are wise. Soon he will be able to see that the beauty of one fair form is akin to the beauty of another and so be led to the understanding that all beauty is but a single essence. Next he comes to the stage when he yearns to create and to possess beauty, that is he desires to be both artist and lover; and then, proceeding to the sciences, he perceives and contemplates their beauty, until, as your own Jowett so finely turns it, drawing near to the vast sea of beauty, he will create many fair and noble thoughts and notions in boundless love of wisdom."

"And suppose" I said, "that a step in the ascent had been misplaced or taken away, he might never advance to the idea of beauty?"

"There is no doubt of that."

"I ask, because it is now the common practice to set the youth to study science before he has come to understanding of the arts. It is acknowledged by almost all now that poverty of interests, bad writing and feeble oratory are often the fruits of this mistake; but if I understand you aright, he may so miss his way as never to lead his life as a man should do?"

"May never behold beauty with the eye of his mind nor bring forth the reality, unless his powers be above the ordinary."

"You are not of one mind with Aristotle" I said, "who asked how the contemplation of an absolute idea could benefit a physician (or for that matter a carpenter or cobbler), simply supposing that physicians do not look at health in an abstract fashion but only regard the health of the person to whom they are giving medicine."

For answer Eryximachus made an exclamation that sounded remarkably like "Tchah!" and attracted the attention of the Coan youth. When we had suitably drowned Aristotle's horrid *bêtise* in another draught of the excellent wine, he asked me if I knew the prayer that Socrates offers in the *Phaedrus*. Readily enough I repeated it. "Beloved Pan, and all you other gods who haunt this place, give me beauty in the inward soul; and may the outward and the inward man be at one. May I reckon the wise man as the rich man; and may I have as much gold as a temperate man may carry away and he only." Eryximachus then took up the tale again.

"There are apothecaries whose practice may be summed up as the opportune bottle of medicine; but we are speaking of the physician, who should have in mind the very same things as Socrates. When his advice is sought, he must first ask himself whether there is displayed the beauty of mind, the wealth and weal within, that marks the patient out in a single word as εὐδαίμων, that is possessed of a good spirit. Not less he must enquire whether he is ευφυής, that is of good proportions, shapely, well bred. Then, not ashamed to make use of my own words, since you have already made mention of them, I assert that he is the skilful physician who can separate fair from foul, implant love, uproot ill desire, and reconcile the hostile elements in the constitution."

"Then is the physician the true artist" I cried, "who loves not only beauty but the generation of beauty! Let me subjoin to yours the wise words of Epicurus, best of men. By steadfast contemplation (he says) we learn how to direct our choice and our avoidance so as to attain the health of body and serenity of mind that are

the consummation of the blessed life; for there lies the purpose of our actions—freedom from pain and fear; and when once this has come to pass the tempest in the soul is at an end."

"Not to exercise yourself in the pursuit of wisdom is to run a risk of infarction of the heart: is that your theory? There is nothing strange to me in such a notion. It was the popular belief in my time that the very spirit of the man, his consciousness itself, was shared between the heart and lungs; and we gave it the name of *thumos*. The Romans were so sure of this that they called the dullard *excors*, that is heartless, and the insane *vecors*, that is disheartened; and some words that you use, such as heart-free, heart-felt and heart-broken illustrate similar notions. But please expound your theory, for your physiology is more recent than mine."

"Two vessels nourish the heart, the right and left coronary arteries, which are supplied by the sympathetic and the vagus nerves, the former dilating them, the latter contracting. Epicurus, it is true, discounted teleology; but only the most determined opponents of that doctrine could fail to see its presence in this arrangement. When the sympathetic is in action, the heart is stimulated and the blood-pressure raised: simultaneously, in accordance with the extra demand upon the heart, these two channels are widened and the rich network of their capillaries is flooded with the vital fluid; but as soon as the stimulus of the sympathetic is removed, the vagus restrains the flood once more, a Virgilian Palaemon.

Claudite iam rivos, pueri; sat prata biberunt.

In addition we know that the outflow from the coronary arteries matches the output of the heart. waxing and waning with it exactly. They dilate also during asphyxia with the design of supplying the heart with the oxygen it needs. If you consider this well-devised system of regulation, you will understand that it is not hard work that harms the heart but rather some failure in the system. It is true that the coronary arteries may degenerate in the aged along with other important vessels; but it is not of this process that I am thinking but of a morbid change occurring prematurely in the comparatively young. In cases of this kind the explanation is to be found in the Latin verb *molior*, to strive to bring about, to undertake with difficulty, to exert oneself with effort.

Not so, when swift Camilla scours the plain,
Flies o'er the unbending corn and skims along the main.

Not so, when eager youth breasts the tape. Not so, when the huntsman blows his horn, when the fox jumps over the parson's gate and the hounds all after him go. No, in such effort as I have in mind the tape always seems to be receding from the runner and the fox eluding the hounds; the race is never won and the hunt is never-ending. Joy there is none; but a voice cries "Go on, it is your duty! "; and another "Your pursuit is vain." Disturbed by these contrary commands, the nice adjustment of the coronary vessels is upset. Hence comes the strain, hence the deterioration! "

"You interest me immensely" said Eryximachus to my gratification. "All physicians know that toil with frustration badly affects the heart. Indeed, pressing on against a steady wind or toiling up the slope with growing doubts whether the goal will be reached in time are the most obvious means of inducing a pang behind the sternum. Your views are in agreement with what I have maintained, that the art of medicine is at its best in reconciling hostile impulses or in eradicating the evil or unnecessary. But you intimate that from this particular error our own profession suffers most?"

"It does" I replied. "A man of Guy's, Mr. John Wall, writing in our *Gazette* last February, set it down that whereas there were twenty-nine thousand deaths from coronary thrombosis in Great Britain in 1943, in 1953 there were sixty thousand; and another of our family, Dr. Stewart, in a very able article published in *The Lancet* in December 1950, showed how the disease varies in different occupations. The proportions are, agricultural workers 32, coalminers 40, banking and insurance 183, clergy 218, physicians and surgeons 368. I am glad to tell you that Dr. Stewart does not disagree about the cause, which he defines as long-continued effort unaccompanied by any feeling of success. With this shrewd notion in his mind he proceeds with much acumen to relate the sufferings of our harassed professional class to the resentful mediocrity of the rest; and I do not doubt that he is correct; but I consider the subject in another way, the way that I learnt from poets and philosophers."

Eryximachus regarded me gravely. "Would not a good man who had never learnt what truly a physician should be, an artist, nor recognized what the goal of medicine really is, wisdom, still disdain to look upon wealth, power or place as the

objects to pursue? If so, the good for him might be the good that he did to his patients. Therefore, like a lover who had deviated from the right course, he would feel the urgency of desire, hungry but never satisfied. So, seeking the way of life, but never hitting the right path, he would press on from patient to patient, until at last he fell a victim to his own conscience. Such an end is not ignoble; but neither is it necessary. He who had lived longer had lived to do more good."

"You fairly represent the position; and my theory, I am glad to note, seems acceptable to you."

"As the efficient cause it does. Pray tell me of the others."

"I will not stay over the essential or formal cause, the what-it-is; but the material cause is important. It has its existence in certain swellings beneath the intima of arteries subject to strain, called a 'gruelling' or *atheroma* by old pathologists, because the matter contained therein had a fancied resemblance to gruel, though really it is composed of esters of cholesterol with fatty acids. The lumen of the vessel is thereby diminished; the intima sometimes gives way, leaving an ulcer; and sometimes salts of lime are deposited, stiffening the wall and rendering it inexpansile. When the coronary arteries are thus affected, *angina pectoris* is a common result. Infarction occurs when a clot forms. Now, it is obvious that bricks or stones are necessary to build a house; and it is equally true that where there is no cholesterol there can be no *atheroma*. In Belsen, for example, starvation claimed you, but *atheroma* never did. On this account certain persons, for want of a little elementary metaphysic, entertain the erroneous opinion that the material cause is *the* cause. Hints are already being thrown out that our diet is too little like that of a savage."

"Ah! Yams and mealies I suppose, to be translated as the oatmeal or the lettuce! Experts on diet win most approval from those who have obsessions. I trust you do not believe in them too much?"

"I am happy to say, very little! Our fathers ate richer food than we and more of it, their fathers more and richer still; and what *their* fathers consumed Heaven knows! But they rarely died of infarction of the heart. I shall continue to push away the porridge and reach out for the Stilton. I must touch lastly on the final cause, which is simply the pathology, that is the response of the body to injury, though why it takes this particular form in this particular case none can tell you. In our *Reports* Mr. Dennis Humphrey with patient industry has set before us what is known. He earns our thanks; but no rational theory is yet possible."

"I am content with what you say. But you yourself should be immune, if you are consistent and sincere."

"Make thou thyself happy; and happy shalt thou make thyself if thou understand that those things are good which are mixed with Vertue: that at least was the sentiment of Seneca, as rendered by our brother physician Thomas Lodge. Besides, I have had warning. One day in Out-patients I let my serenity give way to a sense of toil and urgency and a sharp pain assailed me behind the sternum. But no sooner had I finished composing my own epitaph than Beauty crossed my path and set me in mind of *The Metamorphoses*. Instanteously the pain vanished, for at the Muses' touch the spasm of the artery relaxed."

My host laughed pleasantly, and indulgently exclaimed, "Lovers of beauty walk with the gods! Let us again pledge one another, before we part, bent upon beauty both of us and followers of truth—"

"—seeking to inhabit the serene courts of the sages—"

"—whence we may look upon those wandering in error—"

"—and proffer them our grace, not without pride in the benefits that we have won."

"This is the life that a physician should lead!"

"Let him lead it so, and there is none finer upon earth!"

With that we took a cordial farewell, expressing the hope that we might meet again. I followed a path that ran along a border of mid-spring, where *Uvularia* hung its yellow bells from arching stems, cool-rooted in a life-giving soil, the dark, moist tresses of the Shelleyan Panthea; where upon sheets of foam spread by the white *Tiarella* floated the forget-me-nots, like gatherings of a Galatea dropped upon the shore; and where in sunlit spots the tall blue Iris rose to greet the bright beams. Then I passed through a door into a leafy lane, which soon led me to the back of one of the Colleges. Lofty elm-trees lay between me and the horizon, and above their tops a form appeared outlined against the sky, the Goddess of the Golden Spear. The only feeling appropriate when a grace has been granted was mine—veneration.

CORRESPONDENCE

Letters to the Editor of the Gazette

Roentgen Rays—An Anniversary

SIR,—We are approaching, I venture to think, a sixtieth anniversary which is not without interest to Guy's Hospital. In the autumn of 1897 a Roentgen Rays apparatus was brought over from the continent, and installed in some premises close to Oxford Street. One of the first surgeons to investigate it was Mr. W. H. A. Jacobson, who was then one of our assistant surgeons and was also surgeon of the Royal Waterloo Hospital for Women and Children, where at that time I was a young house surgeon. Mr. Jacobson took me with him when he went to investigate this new discovery, which, needless to say, impressed us very greatly. Its illuminating power at that time was not great but it would at all events show if a bone was broken.

Soon after our visit, Mr. Jacobson took the rays as the subject of a clinical lecture at Guy's which I went to hear. At the close he begged us all to lose no opportunity of using the rays, being convinced they had a marvellous future before them. How true his words have proved ! I am glad to think that Guy's in the person of one of our Surgical Staff was in the forefront of welcoming the Roentgen Rays to Britain.

Yours etc.,

Southsea. M. ASTON KEY.

The Aetiology of Lung Cancer

SIR,—Dr. Milton's letter cannot go unanswered. I was an H.S. in 1905, and like him never saw a case of cancer of the lung. We smoked, on an average, I should say, 3 to 4 ounces of tobacco a week (which equals 70 to 90 cigarettes) but habits of smoking were very different. Most men smoked pipes, or cigars if they could afford them ; few were habitual cigarette smokers ; pipe-smokers seldom inhaled. Massive cigarette smoking began during the first world war, cigarettes ousting pipes and cigars. Nearly every cigarette smoker inhales, and this practice has, I think, spread to some of the remaining pipe-smokers. The habit of smoking cigarettes at work vastly increased about the same time.

Apart from the investigations in England there have been 20 studies in seven other countries all pointing in the same direction. I do not see how anyone with an open mind can read these statistics without concluding that cigarette smoking is a major cause of lung cancer.

Two years ago the Professor of Thoracic Surgery in Copenhagen told me that a friend of his had found, in making a number of bronchoscopies, metaplasia of the bronchial mucosa in every smoker examined and never in a non-smoker. He said he himself had no doubt of the connection between smoking and lung cancer.

Yours etc.,

E. W. SHEAF.

Lark's Hill,
Longdown, Guildford.

EDITOR'S NOTE.—We apologize for the misprint in the last issue of the *Gazette*, where the name of the author of the letter on this subject appeared as Wilton instead of Milton.

Rugby Football

SIR,—May I bring to the notice of readers that on Saturday, 7th September, 1957, the Rugby XV will play against a Guest XV which will include old Guy's men. The kick-off will be at 3.15 p.m. Full support from the Hospital will be very welcome.

Yours etc.,

J. D. CARROLL,

Guy's Hospital, S.E.1 *Guy's Hospital Rugby Club.*

Staff Consultative Committees

SIR,—One of the outstanding merits of works councils and staff committees which are now in such extensive use in modern industry is that a channel is provided through which can be passed for effective action and disposal, many of the minor causes of irritation and annoyance which, if left to fester, can assume quite unreal proportions. No worker is likely to give of his best if he is labouring under a grievance, real or imaginary. But if such a worker can pass the subject matter of his alleged grievance to his works council representative, who will in turn raise the matter for discussion with a committee formed jointly of his peers and of management, then the cold logic of common sense and objective discussion will soon disclose a fair solution to the problem, and suitable action can be taken, which will pacify or satisfy the aggrieved worker.

It is necessary to understand quite clearly that neither works councils nor staff committees may raise or discuss affairs which are the rightful business of Trades Unions, *e.g.*, hours and conditions of working, wages, overtime rates, etc. The matters raised will normally concern questions of welfare and well-being, minor privileges, suggestions for improvements in apparatus or buildings disclosed by time and motion studies, and inter-departmental relationships and methods.

Such questions are not normally discussed with management by Trades Unions, but if works councils and staff committees had not been created, it is by no means unlikely that Trades Union officials would have taken the opportunity of exploiting weaknesses in matters of welfare and arrogating to themselves the power of negotiation on them. This could have been disastrous had it occurred, as it would clearly have eliminated the final touch of personal contact between management and employee.

These councils are frequently regarded by management as a safety-valve through which much ill feeling and discontent can be removed. Management *must* ensure, however, that they are also constructive in thought and action, so that *fair discussion* does not become a *means of hedging* and *evading reasonable responsibility* for fair positive action.

It is therefore a matter of regret that the nursing staff at Guy's have repeatedly refused to nominate a representative and request her inclusion on the Hospital Consultative Committee in addition to the Matron who is already a member. While the Nurses' Representative Council at Guy's may be sufficient to air their domestic and professional problems to the Matron and thence to the Superintendent, and House Committee, it is *not* sufficient to improve interdepartmental relationships where there is dovetailing of work, and to encourage suggestions for improvements within the Hospital. Stresses and over-taxation are not confined to nurses in training. We have all heard of the director who had a row with his wife at breakfast which ended in the office boy kicking the cat.

Supply and *demand* are the governing factors which cause Hospital Committees to veer from "like it or go" to a winsome and wooing approach and concern for dissatisfactions which result in loss of nursing personnel by leaving before State Registration.

It is not always apparent that hospital committees have observed and responded to this new look, and nursing history was made recently in Guernsey, when a nurse was reinstated following instant dismissal after voicing a legitimate and repeated complaint about the food. The Committee set up to investigate this unhappy affair stated that the machinery for dealing with complaints by members of the nursing staff was quite inadequate, although they had a nurses' council.

It is the worst possible condition of working or living to be continually thwarted—any psychologist will agree with this. But how seldom does management apply this simple psychological knowledge to their methods of administration.

While it is again stated that nurses' domestic affairs were never meant to be discussed at Staff Consultative Councils, there are many inter-departmental irritations which could be discussed and cleared up, making work much easier and the workers more contented. It is necessary to *observe* and *deal with* all reasonable causes of complaint *before* they arise and become *a cause of dissatisfaction.* In this way *control is not lost.*

One cannot help reflecting that if staff consultative committees had been inaugurated and properly conducted in the first place, Trades Unionism and the method of moral blackmail used today to force the hand of the employer would not have come into common use. It would be well if hospital managements saw

this red light in time and *before* trades unionism takes its hold on the nursing profession. The qualifying condition for the person elected to the staff consultative committee is that he or she must belong to some professional organization.

This, it seems, is the condition which Guy's nursing staff cannot digest. "Why" they say "should we have this pistol held at our heads ?" Surely it is an insurance policy to protect both the nurse and the Hospital.

Perhaps we are not yet properly adjusted to the social revolution which has taken place in this century. And in addition, many find it difficult to realize the difference between private and state control.

What is so important is to make everyone feel *wanted* and *depended upon.* To make them feel they are personally responsible with the whole team for the prosperity of the business or hospital in which they work. Man is not judged by his social stratum or his pay packet but by the *good* he does—not to himself but to his fellow men.

Yours etc.,

Guy's Hospital, S.E.1. M. S. GRIFFITH.

Sixty Years Ago

From Guy's Hospital Gazette, 11th September, 1897.

NOVELTIES

Materia Medica, Pharmacy, etc.

The Instra Warmer

There are two portable methods of maintaining animal heat—food and clothing. Messrs. D. Blair & Co., 47, Cannon Street, E.C., have given us a third. We can now carry our own fires with us. We need not be afraid of burning ourselves, the apparatus is perfectly safe in this respect, and we can carry without fear what is really a portable stove. The manufacturers state that "the Instra is the first practical means by which slow-burning fuel has been made available for heating the human body in a safe and cleanly manner". So small an amount of fuel is used that a refill which lasts three or four hours weighs only one-seventh of an ounce. The fuel refills used are made from a shrub growing in the East ; the internal portion of the shrub supplies the inside of the refill, the bark the outer covering. We should describe the Instra as a closed metallic vessel intended for the burning of a cylinder of compressed pulvis carbonis ligni. The pocket Instra is made of white metal, about four inches long, convex in shape, so that it can be easily carried in the pocket. The sides are pierced with holes in order to admit air, and there is within a wire cage cylinder for holding the carbon. The rod of carbon is lighted and then placed in the cage, and the top secured by a screw lid. The combustion is slow ; there is no smell or visible fumes emitted, and the apparatus remains hot for three to four hours. The Instra Chest Stove, shaped to the contour of the chest, can be used not only to apply heat to the chest, but as a foot warmer. The old warming-pan is now as rare as the tinder box, but those of us who are old enough have grateful recollections of that useful article. The Instra will now replace it, and much more efficiently. It is necessary to notice in testing the apparatus that if left out in the cold it cools down and is hardly more than tepid ; if kept in a pocket it remains warm. The manufacturers are to be congratulated upon having produced so simple and efficient an apparatus, which requires only to be known to be appreciated.

REVIEWS

Life in our Hands. By PAMELA BRIGHT. Pan Books Ltd. *Price* 2*s.*

This story is well written but of necessity disjointed. The nursing is described in great detail indeed near to textbook standard. "Written mostly about terrible things" I don't see how it can appeal to the lay public but medical men and women must find it of great interest. It gives those of us who were not privileged to look after the British Army on the battlefield an insight into the conditions under which our colleagues worked.

P.S.

William Harvey: His life and times; his discoveries; his methods. By LOUIS CHAUVOIS. 1957. Hutchinson. *Price 25s.*

Jean-Louis Barrault talking about Claudel; Lucien Arnaud, the actor, talking about his teacher Dullin. These were two experiences vividly recalled whilst reading Chauvois on William Harvey, and emphasizing that there is something specifically French to be defined about this new and excellent biography. Even the parallels are not close, for Barrault and Arnaud were talking about people they had known personally; Chauvois writes as if he too, after a lifetime of quest and assimilation, had come to know his subject personally. All of these three Frenchmen were talking or writing about someone warmly admired, *quelque chose de passionant*, involving the full depths of their emotions as well as their intellect; they are all, in the modern jargon, 'committed'. This approach to biography is a far cry from the English method of dispassionate, unemotional appraisal. Yet Dr. Chauvois's biography is a good one, though hardly orthodox by English standards, and there is something very touching about this distinguished French physician's passionate admiration for Harvey, and the pilgrimage he has made to absorb the background of his life.

He begins, unconventionally, with "A Day with William Harvey, London, 1627", a frankly imaginary account in which, as physician to St. Bartholomew's Hospital, Harvey spends the morning there, is summoned to a consultation at the King's bedside, performs a clandestine post-mortem in the evening, and finally puts the finishing touches to *De Motu Cordis*. At the hands of any lesser writer this historical novelist's technique, which recurs in minor degrees throughout the book, would be intolerable, but so firm is the factual groundwork on which it is based and so deftly is the historical and geographical background sketched in, that here it is irreproachable. In fact the reader benefits from such a graphic presentation of the writer's encyclopædic knowledge of his subject. After this first chapter he deals with Harvey's life chronologically and then gives a masterly account of his writings. There follows a fascinating chapter on the judgements of his contemporaries, including his influence on Descartes, Molière and La Fontaine, and some pertinent observations on the modern application of the 'Harveian view'. Finally an epilogue tells of the author's visit to Harvey's tomb in Hempstead, with—again unthinkable in an English biography—a poem it inspired apostrophizing 'Grand Will' and his namesake 'le lyric Will', whom Chauvois suggests may very well have met Harvey in London when the fame of Bankside was at its height.

Dr. Chauvois is erudite but always charming, and would appeal to the lay as well as the medical reader. There are, in the course of the biography, delightful descriptions of the London, Cambridge, and Padua that Harvey must have known, with a definitive disquisition on his family's heraldry and a summary of Sir Geoffrey Keynes's work on the portraits.

This tercentenary volume, graciously dedicated to the Royal College of Physicians, has been published simultaneously with the French edition, and the anonymous translator has done his job very well. The book is excellently printed in twelve point Bembo, and admirably illustrated and indexed.

T.W.H.

Aids to the Diagnosis and Treatment of Diseases of Children. By F. M. B. ALLEN. Tenth Edition. Baillière, Tindall & Cox, London. *Price 10s. 6d.*

Professor Allen has been writing this "Aids" series since 1927, and for the last two editions Dr. O. D. Fisher has collaborated with him. The series needs no introduction, the first one on children's diseases having been first published in 1893.

This book is intended for the student and family doctor and as such it is admirable. Although the field of pædiatrics has been well covered there are some notable omissions: neither burns nor other accidents are mentioned and behaviour disorders, although admitted as common, are inadequately discussed.

The text is clear and the style lucid. There is a chapter on diseases of the skin by Dr. I. H. McCaw; it is interesting that the first edition in 1893 was by Dr. J. McCaw. There are useful appendices, which include special diets, data on development, blood and biochemical standards, notes on chemotherapy and a list of useful prescriptions.

Altogether this is one of the best "Aids" which I have read and it can be recommended unreservedly.

M.C.J.

SPORT

GUY'S HOSPITAL ARCHERS

Guy's Hospital *v.* Midland Bank

at Honor Oak Park, 11th August, 1957
Round: Albion

Guy's Hospital

P. Robson	492
D. Wood	487
M. Coe	171
W. Siddall	149
	1,299

Midland Bank

Miss I. Dorothy	352
P. Waight	343
Miss V. Hart	304
K. Clark	289
	1,288

Guy's won by 11 points

HOSPITAL INFORMATION

APPOINTMENTS

UNIVERSITY OF LONDON

EXAMINERS FOR 1958

Anatomy B.Sc. (Special) and B.Sc. (General)

R. S. Warwick

M.D.S. Examination

General Examination in Dental Surgery and Pathology

M. A. Rushton (Chairman)

Dentistry for Children and Orthodontics

R. E. Rix

Special Second Examination for Medical Degrees
Physiology

W. R. Spurrell

Veterinary Pre-Clinical Examination. Part I
Physics

C. B. Allsopp (Ext.)

Third (B.D.S.) Examination in Dental Surgery
Prosthetic Dentistry (including Properties of Dental Materials)

K. P. Liddelow — E. Matthews (Chairman)

Medicine

J. C. Houston — R. S. B. Pearson (Chairman)

Pathology and Bacteriology

S. J. de Navasquez (Chairman)

Dental Surgery (including Special Pathology)

W. E. Herbert

Orthodontics

R. E. Rix — D. P. Walther (Chairman)

Medicine (2nd M.B.)

Physiology and Histology

W. R. Spurrell

Representatives on University Schools and Institutions

Guy's Hospital Medical School: Professor Sir James Paterson Ross, *K.C.V.O.*, M.S., F.R.C.S., and Dr. J. Forest Smith, F.R.C.P., M.R.C.S.

St. George's Hospital Medical School: Mr. E. G. Slesinger, *O.B.E.*, B.Sc. M.S., F.R.C.S.

RECOGNITION OF TEACHERS

Faculty of Medicine

David Moffat Macdonald, L.D.S., F.R.F.P.S. (Glasgow), F.R.C.S.(Edinburgh), has been recognised as a Teacher of the University as a Teacher of Dental Surgery at Guy's Hospital Medical School.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Bradshaw Lecture

At a meeting of the Council of the College held on 1st August, it was reported that Sir Russell Brock would give the Bradshaw Lecture at 2.30 p.m. on 11th December, the day of the Annual Meeting of Fellows and Members.

GUY'S HOSPITAL

HOUSE APPOINTMENTS

1ST SEPTEMBER, 1957

Assistant House Surgeons

To:
Mr. Blackburn — Mr. T. R. Cullinan
Appointed for 6 months the first 3 as A.H.S.
Mr. Lawrie — Mr. D. S. Robertson
3 months
Mr. Glover — Miss K. E. Cuthbert
Appointed for 6 months the first 3 as A.H.S.
Mr. Brain — Mr. J. A. P. Trafford
Appointed for 6 months the first 3 as A.H.S.

Assistant House Physicians

To:
Dr. Douthwaite, Dr. Hardwick and Dr. Grant — Mr. S. A. R. Cooke
Appointed for 6 months the first 3 as A.H.P.
To:
Dr. Boland, Dr. Baker and Dr. Houston — Mr. P. S. Firth
Appointed for 6 months the first 3 as A.H.P.
To:
Dr. Hampson and Dr. Kauntze — Mr. R. E. Owen
3 months
To:
Dr. Mann, Dr. MacLean and Dr. Bishop — Mr. M. N. Morgan
Appointed for 6 months the first 3 as A.H.P.

Out-Patient Officers

Mr. R. G. G. Gain, Mr. L. M. Hillman, Mr. I. D. Simpson, Mr. R. D. Smith, Mr. K. B. Tyrer — *3 months*

House Surgeons

To:
Mr. Massie — Mr. I. McColl
6 months
Mr. Eckhoff — Mr. F. N. Rigby
3 months
Mr. Atkins — Mr. B. R. P. Murray
6 months
Mr. Wass — Mr. M. C. Shannon
3 months

House Physicians

To:
Dr. Douthwaite, Dr. Hardwick and Dr. Grant — Mr. P. B. Whatmore
6 months

To:
Dr. Boland
Dr. Baker and
Dr. Houston } Mr. D. R. Laney
6 *months*

To:
Dr. Hampson and
Dr. Kauntze } Mr. P. H. W. Sheard
3 *months*

To:
Dr. Mann
Dr. MacLean and
Dr. Bishop } Mr. D. M. Smith
3 *months*

Resident Obstetricians

1. 5.57—31.10.57	Mr. M. J. Williams
1. 7.57—31.12.57	Mr. G. M. Morris
1. 9.57—28. 2.58	Mr. P. G. Benson
1.11.57—30. 4.58	Mr. F. Mansfield

House Surgeons in the Orthopædic Departments of Guy's Hospital and New Cross Hospital
Mr. D. G. Yetman Mr. P. C. Shaw
3 *months*

Throat and Ear and Ophthalmic House Surgeon
Mr. H. M. Tuddenham
3 *months at Guy's followed by* 3 *months at New Cross* (*E.N.T. only*)
Mr. T. M. Bull
3 *months at New Cross* (*E.N.T. only*)

Dermatological House Physician
Mr. W. A. Matheson 25.7.57—24.1.58

Genito-Urinary House Surgeon
Mr. R. D. C. Southcott 3 *months*

Neurological House Physician
Mr. D. A. Lillicrap 6 *months*

House Surgeon to the Thoracic Unit
Mr. M. A. C. Lyon 3 *months*

Children's House Physicians
Mr. M. J. Young 3 *months*
Mr. F. P. Greenwell 6 *months*

Children's House Surgeon at the Evelina Hospital
Mr. C. A. G. Mackenzie 3 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists
Mr. D. Parrott 3 *months*
Mr. I. McD. Jessiman 6 *months*

House Physicians in the York Clinic
Until 30.9.57 Mr. G. Daw
Mr. J. H. P. Willis

Resident Anæsthetists

1.8.57—28. 2.58	Mr. S. S. Barker (S.H.O.)
1.8.57—28. 2.58	Mr. D. Saltoun
1.9.57—30.11.57	Mr. E. Phillips
1.9.57—28. 2.58	Mr. J. M. Clark (S.H.O. New Cross)

R.M.Os. Nuffield House

19. 5.57—18.11.57	Mr. J. G. Davies
1. 7.57—31.12.57	Mr. P. A. French
19.11.57—18. 5.58	Mr. B. H. B. Robinson

General Duties House Surgeon in the Guy's Unit at New Cross Hospital
Miss R. M. Harrison-Bloom 6 *months*

ORPINGTON HOSPITAL

House Surgeon
Mr. K. Kitiyakara

LEWISHAM HOSPITAL

House Surgeon
Mr. M. Roberts

ST. JOHN'S HOSPITAL, LEWISHAM

House Surgeon
Mr. H. C. Hollingworth

SEAMEN'S HOSPITAL, GREENWICH

House Surgeon
Mr. J. A. Mathews

QUEEN MARY'S HOSPITAL, SIDCUP

House Physician
Mr. B. A. Latham

JOYCE GREEN HOSPITAL

House Surgeon
Mr. G. Willett

PASS LIST

UNIVERSITY OF CAMBRIDGE

Doctor of Medicine

G. H. Dhenin

UNIVERSITY OF OXFORD

M.Ch.

J. H. B. Yule

B.M., B.Ch.

Pharmacology and Principles of Therapeutics

M. I. S. Keir P. L. Strong
Gillian M. Shaw

General Pathology and Bacteriology

R. Cook H. D. Weintraub

UNIVERSITY OF LONDON

M.D.

G. L. Money

Third (*B.D.S.*) *Examination in Dental Surgery*

June, 1957

Pass

J. E. A. Chiappe	C. J. Meryon
Sheila-Mary Evans	C. E. Ribbons
D. I. Joiner	N. Sharples
D. F. Keane	R. W. Slee
N. J. Knight	R. E. Turner
Lily G. Lopez	Marion F. Wootton

Supplementary Pass List

The following Candidates have passed Part I

Roslyn M. Bain	A. B. Hewitt
J. H. Bason	G. B. Keeble
D. Bevan-Thomas	M. J. Lightfoot
Daphne R. Butwick	A. R. Lynch
D. G. Carr	J. M. Murray
Lina R. Clapham	M. W. J. Older
T. B. Dowell	Edna M. Parkman
G. M. Edwards	D. B. Rosser
I. D. Evans	T. G. Tetlow
B. A. Foster	B. B. Warren
D. H. Gibb	R. M. Watson
Jill Hampton	M. B. Webb
W. D. Hargraves	D. L. Wedgwood
Annette Hasquencort	Sheila J. White

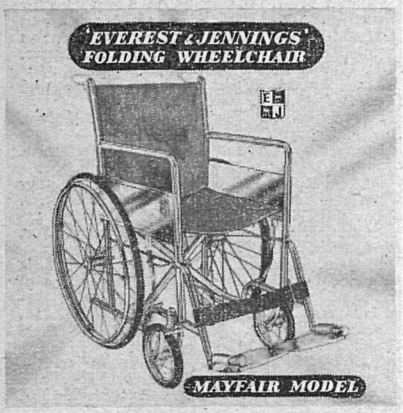
The following Candidates have passed Part II.

Helen A. Akiwumi	R. G. James
D. J. Endacott	H. K. Kemp
C. E. Evans	H. J. Leake
Greta R. Fink	D. T. H. Lloyd
G. W. Hackett	A. H. Noll
A. W. Harris	I. W. Scantlebury
C. Howard	C. H. Wege

Second Examination in Dental Surgery

July, 1957

J. P. Balfe	M. L. Maberley
Diana E. R. Cornick	C. S. McKenzie
S. C. Crocker	B. Matthews
T. W. Cutress	H. N. Parfitt
M. J. Fatharly	A. C. Prichard
Mary P. Gamble	J. D. Pullan
T. M. A. Heesom	D. J. Rose
T. Helmer	J. R. Salter
P. N. Hirschmann	Pauline F. Scotrick
J. A. Howard	Pauline E. Shaw
A. E. P. Hudson	J. R. Skippen
C. E. M. Lamb	D. G. Stone
W. T. Lamb	R. Tomalin
M. J. Lewis	B. J. West



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Ordinary rates 7s. 6d. per line. Box Numbers 9d. extra.

FREE ACCOMMODATION in Hampstead offered to married couple willing to feed widower. Box No. 203.

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FLATLET, furnished or unfurnished, suitable for one single lady in the vicinity of Loughton, Essex. Tel. VIG 0016.

CLERK/TYPIST (age 19/30 years) filing, figures, hours 9 to 5 p.m., no Saturday work. Salary £7 8*s*. per week according to ability. Prospects. *Write* age, experience, etc. Box 250.

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DENTAL PRACTICE, Mombasa, Kenya. Average nett profit £1,750. Limited accommodation available, suitable bachelor or married, no children. Equipment, furniture. Goodwill £1,750 or offers. Ellis. Box 139, Mombasa, Kenya, East Africa.

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GUY'S DIRECTORY, 1957, (Medical and Dental), Price 10/6*d*., including post. Copies can be obtained from the Manager, *Gazette* Office, Guy's Hospital, S.E.1. PLEASE MAKE CHEQUES PAYABLE TO *GAZETTE OFFICE*

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each, Coat of Arms 5/6—Personal collection only—make welcome gifts—The Manager, *Gazette* Office, 16, St. Thomas's Street, S.E.1.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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Wood, Norman J. Cleido-Cranial Dysostosis. *Brit. dent. J.*, 1957, **103**, 128.

Wright, E. A. and another. Pseudomembranous Enterocolitis with Jejunal Perforation Associated with Cl Welchii Infection. *Postgrad. Med. J.*, 1957, **33**, 408.

CHANGE OF ADDRESS

M. H. Handoll, M.B., B.S., "The Limes", Emmeth, Wisbech, Cambs. (Tel. Wisbech 2172).

BIRTHS

EMSLIE.—On 13th August, 1957, at Chipstead, to Dot (née Dennis), wife of Ronald Emslie, a son (Ian Ronald) a brother for Douglas, Robert and Dennis.

EVANS.—On 16th June, 1957, to Sheila (née Tunnicliffe), wife of Morton Evans, M.B., B.S., a son (Simon John), a brother for Prudence Anne.

FEAVER.—On 11th August, 1957, at The Stone Maternity Home, Chalfont St. Giles, Bucks., to Dorothy (Vassi), wife of Roy Feaver, a daughter, a sister for Susan.

HUMPHREYS.—On 23rd July, 1957, to Evelyn, wife of William H. Humphreys, M.B., B.S., a son (Simon), a brother for Ruth, Philip and Julia.

REEVE.—On 5th July, 1957, at Kampala, Uganda, to Gwen (née Brinkley, S.R.N.), wife of John F. Reeve, A.R.I.C.S., a son (William Grant) a brother for Graham.

MARRIAGES

GAIN—MORRIS.—On 10th August, 1957, at the Methodist Church, Barry Road, S.E.22, Robin G. G. Gain, M.R.C.S., L.R.C.P., to Edna Christine Morris.

METCALF—WATSON.—On 15th June, 1957, at Merrow Church, Guildford, John Metcalf, L.D.S.R.C.S., to Anne Rosemary St. John Watson.

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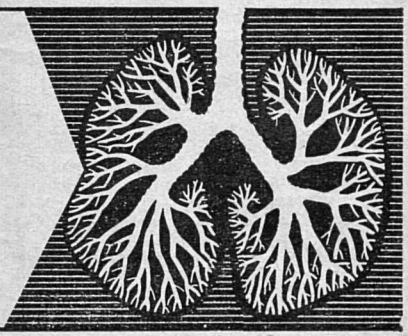

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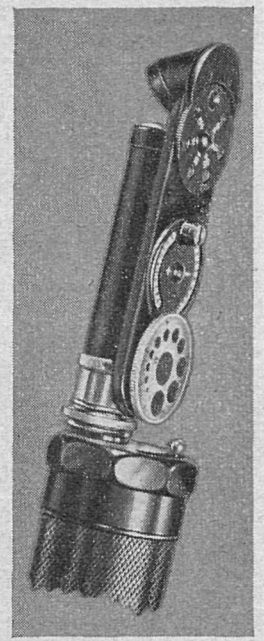

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GUY'S HOSPITAL GAZETTE

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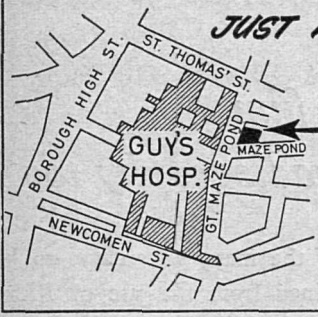

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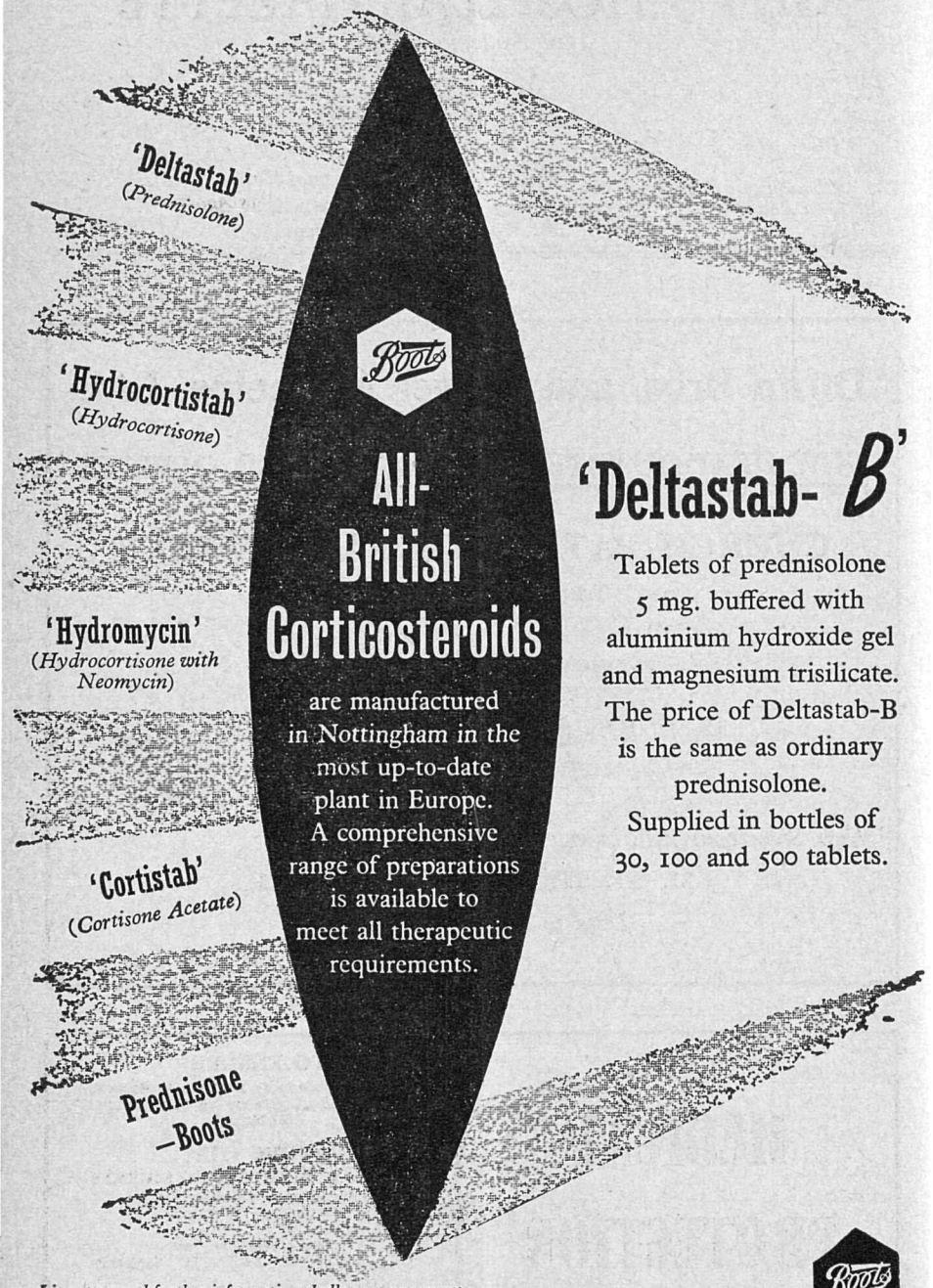
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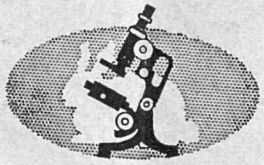

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1804 14*th September* 1957 *One Shilling*

PASSIM

The New Guy's

THIS issue of the *Gazette* is devoted to the rebuilding of Guy's, and we are very grateful to Mr. Lees Read, the Clerk to the Governors, for providing us with the necessary material. It need hardly be emphasized that this is a tremendous event in the history of our Hospital. It is 21 years since Lord Nuffield first appealed for funds for the rebuilding of the Surgical Block ; and from Mr. Lees Read's fascinating account of the trials and tribulations and problems that must at times have appeared insurmountable, but which have been overcome so that the scheme is now a reality, it is clearly a major triumph for everyone concerned. All the disappointments of the last few years can now be forgotten ; there is little point in resurrecting old ghosts, and it is pleasing to read, in these days when bureaucracy is so much criticized for its soullessness, of maximum co-operation. Problems, of course, there will still be, but they will be molehills compared to the mountains of the past. We are out of the wood and into the sunlight.

The facilities offered by the new Guy's are dealt with in detail elsewhere, and we will leave them to speak for themselves, while making *en passant* one or two comments. The Front Surgery at Guy's does a great deal of exceedingly valuable work and does it well ; but it suffers from a certain amount of congestion at times, and also from the lack of its own X-ray facilities. These drawbacks will doubtless find a remedy in the new casualty department. Another point of interest is that due consideration has been given to the expanding science of radiotherapy. The actual allocation of the 378 beds will of course be made in due time ; here is an opportunity for a greater variety of cases than are at present seen in the surgical wards, notably with regard to orthopædics and E.N.T.

All modern architecture has its critics, and the new Guy's will doubtless be no exception. Unfortunately we are not living in ages past, when men of wealth could indulge in one beautiful building after another ; so perhaps the critics will accept the mundane reminder that in the year nineteen hundred and fifty-seven we must economize. At least, from our artist's impression, it looks like a hospital.

Any comment on the new Guy's must inevitably raise the question of the fate of Guy's House. We express the hope that, if it is at all possible, the present sorry state will be improved and some useful developments made.

Mr. Lees Read is on the soundest possible ground when he quotes

from the will of the founder of our Hospital. Perhaps Thomas Guy, looking down from Elysium, will be well pleased to see his heirs carrying on the work that he began.

At a meeting of the Board of Governors on 2nd September, it was reported that Mr. J. B. Blaikley had accepted the invitation of the Board to become Superintendent of the Hospital on the retirement of Mr. Doherty in July 1958, and that his appointment was confirmed. All Guy's men would wish us to congratulate Mr. Blaikley most sincerely on his appointment, and to wish him every success in his arduous duties.

It is with the deepest regret that we record the death of Dr. Leslie M. Hillman. Leslie was an outstanding Guy's personality. A forceful and immensely friendly person, he brought a vital enthusiasm to everything he did. In spite of being laid low at intervals by a wicked and depressing illness, his remarkable resilience enabled him to recover lost ground, and he qualified in April of this year without any difficulty. He was within a few days of taking up his appointment as Out-Patient Officer. Guy's is a poorer place without him. To his family we extend our deepest sympathy. An obituary will be published in the next issue.

We are sorry to say that we are losing yet another member of the staff to America. Dr. H. E. Holling has been appointed Assistant Professor of Medicine at the University of Pennsylvania. Dr. Holling's work in the Clinical Research Unit meant that his appearances in the wards and in the lecture theatres were all too infrequent. We congratulate him warmly on his appointment and wish him every success.

We bid a reluctant farewell to Dr. T. W. Hoskins, who has left to do his National Service. He joined the *Gazette* in August 1955, and has been Editor since March of this year. Mr. P. M. E. Drury succeeds him as Editor, and we welcome as Assistant Editor Mr. J. A. Wall, whose paper on "Longevity", published in the *Gazette* earlier this year, received the honour of being quoted by Dr. Vertue in the last issue.

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Retention of Urine.*
17th	T	1.00	Mr. Guy Blackburn. Clinical Lecture.
20th	F	1.00	Dr. A. H. Douthwaite. Clinical Lecture.

NOTICE

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THE REBUILDING OF GUY'S

By B. LEES READ, *O.B.E.*, A.C.A., F.H.A. *Clerk to the Governors*

IT was in January, 1951, that the *Gazette* published an article, with plans, etc., showing various stages in the preparation of a scheme for the proposed rebuilding of Guy's Hospital. At that time it was thought that approval to commence the building of the first section of the new hospital was imminent. Unfortunately, these hopes were not realised. Difficulties arose on the question of the provision of the finance necessary, but even more serious difficulties arose on questions of town-planning. It will be remembered that what was called the "star-shaped" or "snowflake" form of design had been accepted by the Hospital and approved by the Ministry of Health, and two wings were to be built as the first instalment. These amounted to approximately one-sixth of the entire hospital as planned. The chief planning objection to this scheme was that once commenced posterity was committed to carry out the whole, and further that the first instalment, while providing the much needed surgical beds, did not in itself make a complete unit and if it had to stand in isolation for an indefinite period of years it had really nothing of architectural merit to commend it. The Governors, in accepting this design, had, of course, planned for a complete hospital in the hope that it could have been built in its entirety within a generation. In view of the vast programme of hospital construction and reconstruction necessary throughout the country, the authorities of the Hospital had to accept the fact that it was improbable that Guy's would be provided with the finance necessary to complete the full scheme in this period of time, with the result that the entire position had to be reviewed.

The final decision to abandon the scheme was taken at the end of 1954, when the Board of Governors were informed by the Ministry of Housing and Local Government that the plans as prepared could not be approved. The Governors were also informed that it was not thought that the existing plans could be amended to a form in which they would overcome the objections made to them. It appeared that the Governors were given no alternative but to start again from the beginning. However, it was agreed with the Ministry of Health that a great deal of the detail that had already been settled and worked out for the abandoned scheme could be incorporated in new proposals, provided that these proposals were such as to result in a building capable of standing in isolation for an indefinite period, and further did not commit posterity to a set scheme for the rebuilding of the entire Hospital.

The most painful decision that the Governors had to take was that connected with the appointment of the Architect to be responsible for the new proposals. Mr. Alner W. Hall, in whom the Governors had every confidence and who had prepared the plans for the magnificent overall scheme now abandoned, had been engaged on the work for about ten years. He was not enjoying the very best of health, and as it was thought that the carrying out of the new proposals when prepared might also be deferred for many years, the Governors reluctantly came to the conclusion that Mr. Hall might not be able to carry the new scheme through to finality. Accordingly, with the approval of the Ministry of Health, they appointed Mr. A. S. Gray, of Messrs. Watkins, Gray & Partners, as the Architect for the new scheme. Mr. Alner Hall did, of course, retain his position as Architect to the Hospital, and continues to carry out these duties at the present time.

With the advantage of the work that had been done before, the preparation of plans was pushed rapidly ahead, and in a relatively short space of time a new scheme was approved in principle by the Ministry of Health and the London County Council. This was then developed in detail and, at the request of the London County Council, submitted to the Royal Fine Art Commission. When general approval to the proposals had been obtained from all interested bodies, permission

was received from the Ministry of Health to prepare working drawings. In view of the magnitude of the scheme, it was agreed that, in place of submitting these to the technical officers of the Ministry of Health on completion, there should be regular meetings between the Board's technical advisers and the technical advisers of the Ministry, so that all details of the scheme could be agreed as the work progressed.

The new scheme provides, in addition to 378 surgical beds in 14 wards of 27 beds each, a new radiotherapy department, a new casualty department, and a complete floor of operating theatres; the floor immediately above this is to be a teaching floor, particularly for the use of the departments of surgery, gynaecology and obstetrics, and anaesthetics. Observation domes are to be made over some of the main operating theatres and, of course, access to such observation domes is obtained from the teaching floor.

The new building (pp. 365–367) is to be erected on the vacant site south of Sparrick's Row, whereas the first instalment of the old scheme was to be built on the extreme northern boundary of the site near St. Thomas's Street.

The Ministry of Transport and Civil Aviation are proceeding to make the Orders empowering the Governors to close all the roads in the area bounded by St. Thomas's Street, Weston Street, Snowsfields and Great Maze Pond, though not Great Maze Pond itself, and the main entrance to the new block will be obtained along a private road situated where Sparrick's Row now is.

One difficulty in planning a hospital is that the dimensions of the accommodation constituting wards and ward annexes are such as not to be very suitable for other purposes, and wards are approximately two-thirds of the Hospital's requirements in the new block. To overcome this difficulty, which in the past has sometimes led to wards which were too wide or other departments too cramped, the decision was made to put the operating theatres on the first floor, immediately above the Casualty Department, with the teaching departments on the second floor. The building is then narrowed for the next seven floors of wards.

A number of modern ideas have been incorporated, including Lamson Pneumatic Tubes for conveying prescriptions, specimens, etc., between the various departments of the new building and the Dispensary, Medical Records and Pathology Departments. A wireless staff location system is also to be installed.

Wash basins are to be fitted between each alternate bed in the wards so as to cut down the work of the nursing staff.

There are twelve lifts serving the building: of these, four are 500 ft. per minute passenger lifts in one bank; two are bed lifts, which will be reserved for the transport of patients between the ward floors, operating theatres, etc., and the remaining six are food, goods and service lifts.

Full air-conditioning, including refrigeration, is to be installed in one pair of operating theatres, and the necessary ducts, etc., are being provided to enable this to be installed in the remaining eight theatres if this is subsequently thought necessary. Provision has been made for telephone points so that a telephone on a trolley can be wheeled to the bedside of every patient as required.

The allocation of space on the various floors is shown on the plans numbered 4 to 8 (pp. 368–372). All ward floors are similar to the one illustrated.

All the necessary approvals having been obtained, invitations to tender were sent to a selected list of contractors on the 27th May, 1957, and tenders were opened on the 22nd July, 1957. Eleven firms submitted tenders, and the successful contractor was Y. J. Lovell & Son, Ltd. The tender having been checked and agreed by the Quantity Surveyors and approved by the Ministry of Health, the contract for the erection of the building has been prepared, and work on the site commenced on the 26th August, 1957. The overall cost of the scheme is in excess of two and a quarter million pounds. Towards this cost the Board of Governors are making a substantial contribution from the Endowment Funds. Included in the Board's contribution is the £250,000 given to the Hospital for rebuilding by the President, The Rt. Hon. The Viscount Nuffield, some years ago.

It is sixteen years since the idea of a new surgical block on a new site became a possiblility as a result of the air-raids which demolished most of the property formerly standing on the seven acres of land which we refer to as the rebuilding site. That this site exists (as a building site owned by the Hospital) is due to the foresight of the late Mr. John E. Humphery, who was Treasurer of the Hospital during the war. He and I were walking along St. Thomas's Street, Weston Street and Great Maze Pond early in January, 1941, looking at the smouldering ruins of the many warehouses formerly occupying most of the site bounded by these streets which had been destroyed in the fire blitz of the 29th December. At the time our

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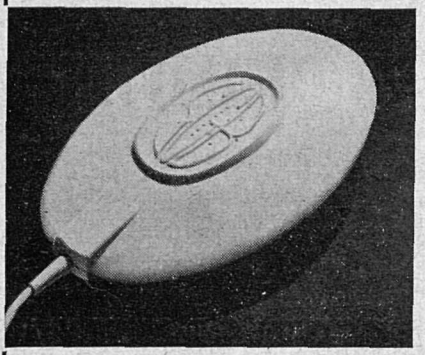

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main concern was the loss of revenue through the destruction of the properties owned by the Hospital which occupied between a quarter and a third of the site. Talking of ruins and waste and the immense value of the properties destroyed led to the thought that it might be possible to acquire the whole of this large area of devastation, and the further thought that here was an opportunity for extending Guy's in the future which probably would never occur again, would not have occurred but for the war, and which might not be possible for any of our great sister hospitals in inner London.

The Governors, on the recommendation of Mr. J. E. Humphery, agreed to buy "the lot" from the sadly depleted Endowment Funds, and then started a quest that lasted very many years. The owners of some of the plots of land were not difficult to trace ; others could not be found, lessees and sub-lessees intervening between the owners of the freehold and the tenants in occupation at the time of destruction. Gradually, however, an ordnance survey map of the area began to get coloured in as plot after plot of land was purchased. The plans attached to old title deeds helped to define on the map the various holdings, as on the site little if anything could be identified amongst the ruins. The Inland Revenue were thanked for the use of their Schedule "A" assessment records, and the rating records of the Bermondsey Borough Council were also combed for information. Never was better use made of records normally created to impose a burden! Some owners of land, when traced, were reluctant to sell, stating that their fathers and grandfathers before them had been in business on the site in question, but when the ideas for the new Guy's were put forward all objections were withdrawn. No attempt to drive a hard bargain was encountered, and most purchases were made at a price agreed between surveyors acting for the owner and surveyors acting for the Hospital.

Of the entire site there are only four small areas of land on the periphery that were not acquired by the Hospital, namely, the site of the bomb-damaged public house known as "The White Hart" in St. Thomas's Street, "The Miller," the public house at the corner of Great Maze Pond and Snowsfields, and two of the cottages on the northern side of Snowsfields. These cottages are owner-occupied and the owners have refused to sell. As the properties in Snowsfields are gradually being condemned as unfit for human habitation, it appears probable that these latter two sites will be available in the relatively near future.

One of the sites purchased was that formerly occupied by the "Ship and Shovel" public house in Great Maze Pond, and, as a side issue to this acquisition, the Governors also acquired the licence. As this cannot be held by a body corporate, it was transferred to and is still held by the writer, a rather embarrassing and unrewarding activity, since it required attendance before the Licensing Justices on the one hand, and, on the other, in existing circumstances, gives no facilities to dispense from behind a bar!

Another piece of land was purchased from St. Thomas's Hospital, which still has some of its Endowment Funds invested in property in this area.

Special mention should be made of the Bermondsey Borough Council. This authority had acquired before the war a part of this land, intending to build thereon a block of flats. They agreed to cancel their proposals and sold the land to the Hospital. The size of the site acquired has in one way been an embarrassment, as it permitted consideration of so many possible alternatives. Planners were inclined to think of open space. The Hospital authorities thought more of possible extensions of the Hospital's services and the needs of the future, with the result that there were considerable basic differences of opinion on the type of plan to be adopted. The Hospital wanted to conserve as much of the site as was possible for future developments and extensions: a new medical block, new out-patients department, new college, new dental hospital, new laboratory blocks, new Nurses Home and, possibly, buildings designed to meet the needs of and developments in medical science at present not envisaged. As usual in this country, a compromise was ultimately agreed upon, and the new surgical block which is being built south of Sparrick's Row will ultimately have a reasonable amount of open space around it. At the same time, this will still leave the greater part of the site available for future extensions. When the London County Council's plans for the area are completed, the new surgical block will in part overlook a small park, as it is intended to enlarge the present Nelson Recreation Ground up to the footpath on Snowsfields on the one hand and to Weston Street on the other.

There is perhaps a tendency to regard the preparation of the plans for a new building as a matter which is almost entirely the concern of architects and engineers.

This is very far from the truth in the case of a hospital. The technical advisers' duty is first to summarize the ideas of the Governors and staff of the hospital as to what is needed, and then to put these ideas on paper in the form of sketch plans. The Governors and staff then have the harder task of trying to visualize how the plan would look when translated into a building, and, further, whether such building would be of functionally sound design. To help in this, "mock-ups" of a section of a ward and of an operating theatre have been built to scale; whole sections of the proposed new building have been simulated by stretching string between pegs to show more exactly the proposed dimensions and the inter-relationship of one room to another; different types of windows, sanitary fittings, etc., have been built into dummy walls and fitted in the "mock-up" ward. Very little of the original sketch plans would be recognized in the final plans. It would be true to say that a hospital is designed from the "inside out". When what is needed from the functional point of view has been determined, dimensions have become fixed, leaving little scope for the Architect to "proportion" the building or to plan from the point of view of its presenting a pleasing exterior. When the Architect is also restricted in his choice of exterior finishing materials by the need for economy the difficulties of external design are made the greater. The measure of the Architect's success in overcoming these difficulties will in due course become apparent when the new building is completed, but it is hoped that critics will bear in mind the limitations imposed on him.

Throughout the negotiations that have taken place in order to finalize this scheme, there has been the maximum co-operation between the Board of Governors and its advisers, the officers of the Ministry of Health and the London County Council and the Bermondsey Borough Council. Without such co-operation, the "red tape" encountered in a public scheme of this magnitude could never have been untangled and a proposal translated into reality. The thanks of all who have the interests of "Guy's Hospital" at heart are due to the officers of Government Departments and Local Authorities alike who have helped to speed on this scheme—because they are so many they must remain nameless lest invidious distinctions be made.

The Committee responsible for the new building has been:

Governors:

Mr. A. E. Orchard-Lisle (Chairman of the Building Committee).
The Rt. Hon. Lord Cunliffe (Chairman of the Board).
Mr. E. G. Slesinger (Vice-Chairman of the Board).
Dr. E. R. Boland.
Mr. R. A. Hayward.
Mr. Grant Massie.
Mr. R. Newton.

Medical Committee Representative:

Mr. R. J. Cann.

Co-opted Member:

Mr. C. H. Aslin (Past President of the R.I.B.A.)

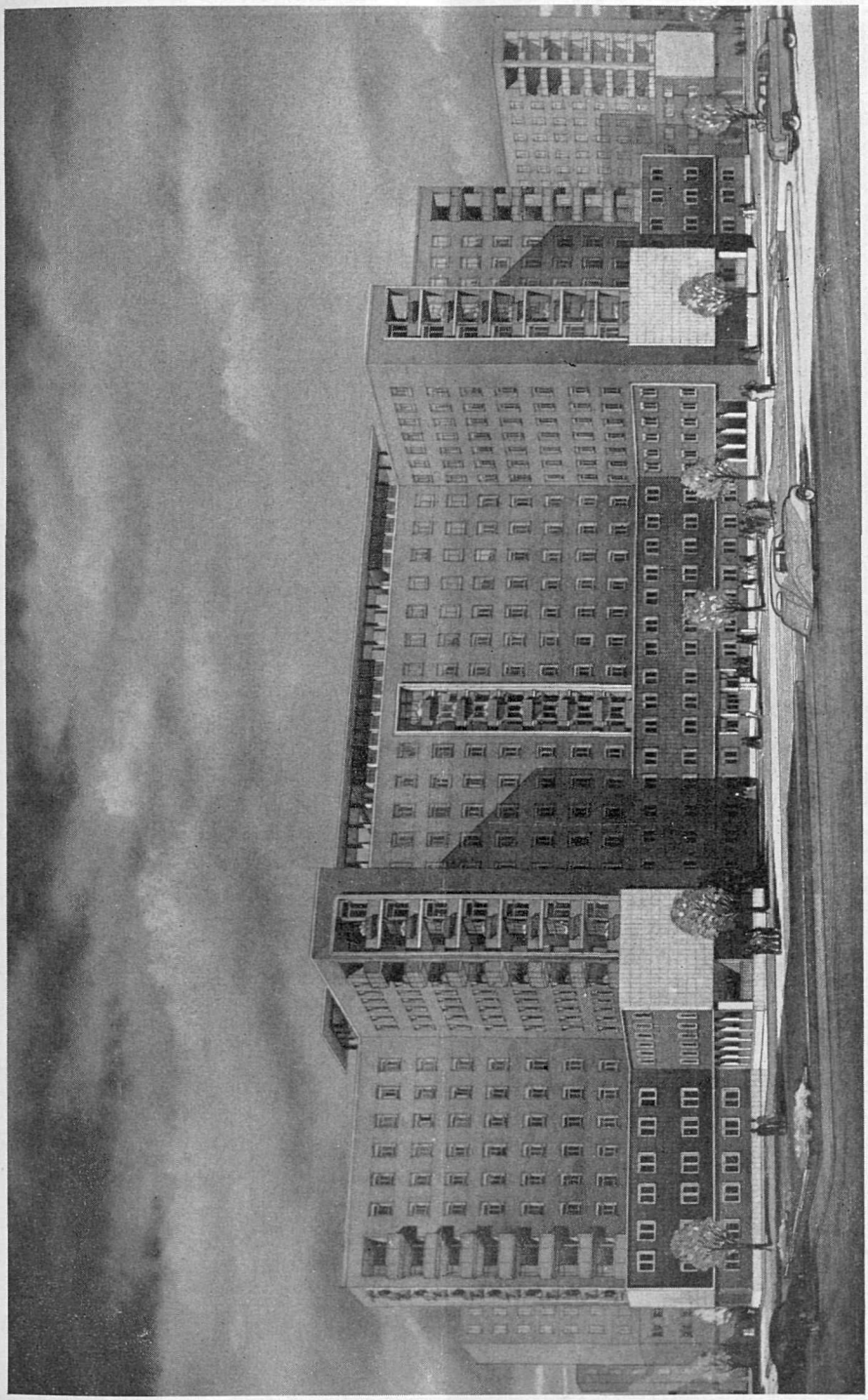
Officers:

The Superintendent.
The Matron.
The Clerk to the Governors.

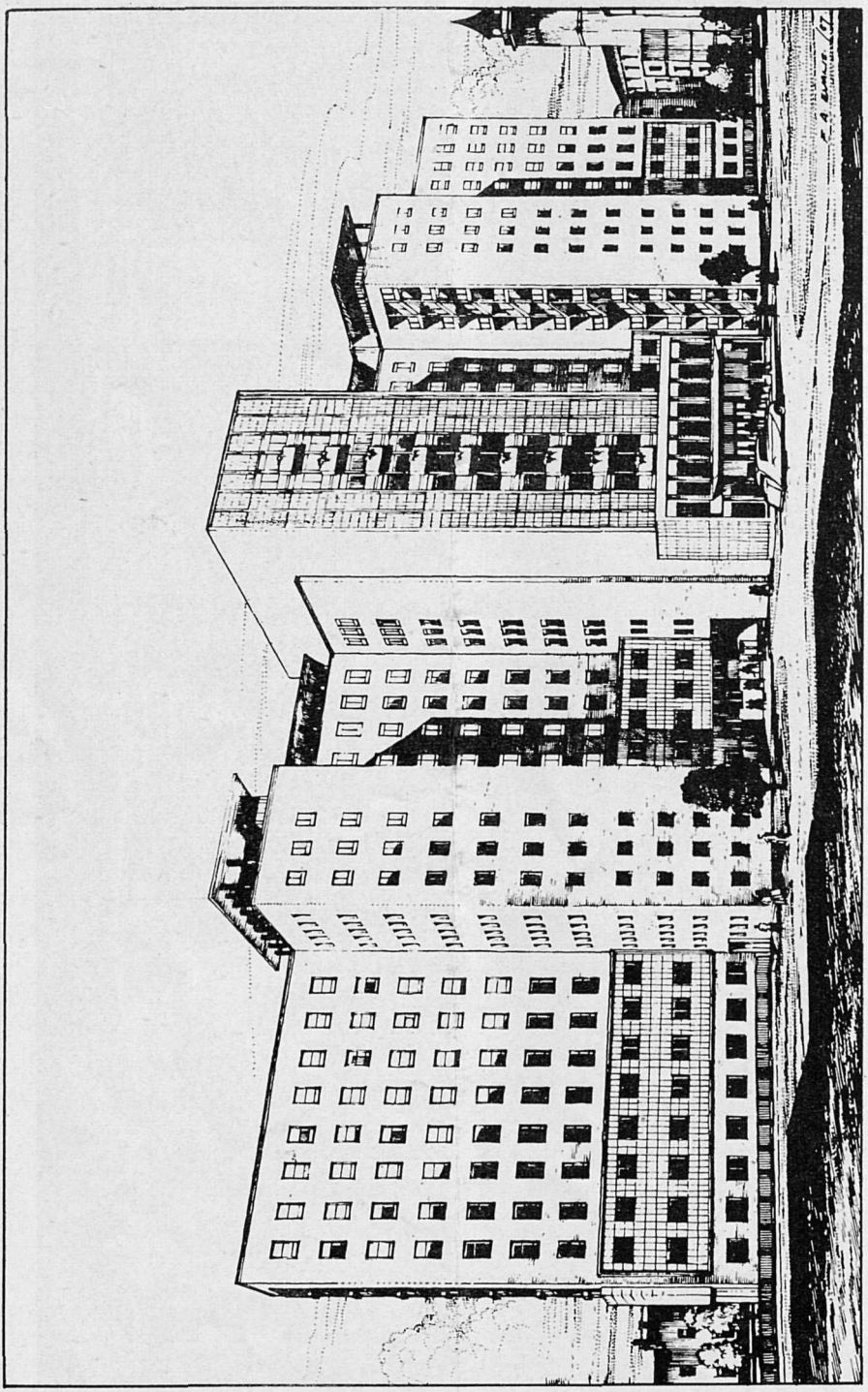
Other members of the medical and other staffs have been consulted whenever appropriate and when it was thought they might have a contribution to make, and, in particular, the work of Mr. A. B. Kennedy, one of the Governors, has been outstanding.

A Sub-Committee of the Medical Advisory Committee has advised on the lay-out, and the members of this Sub-Committee have been:

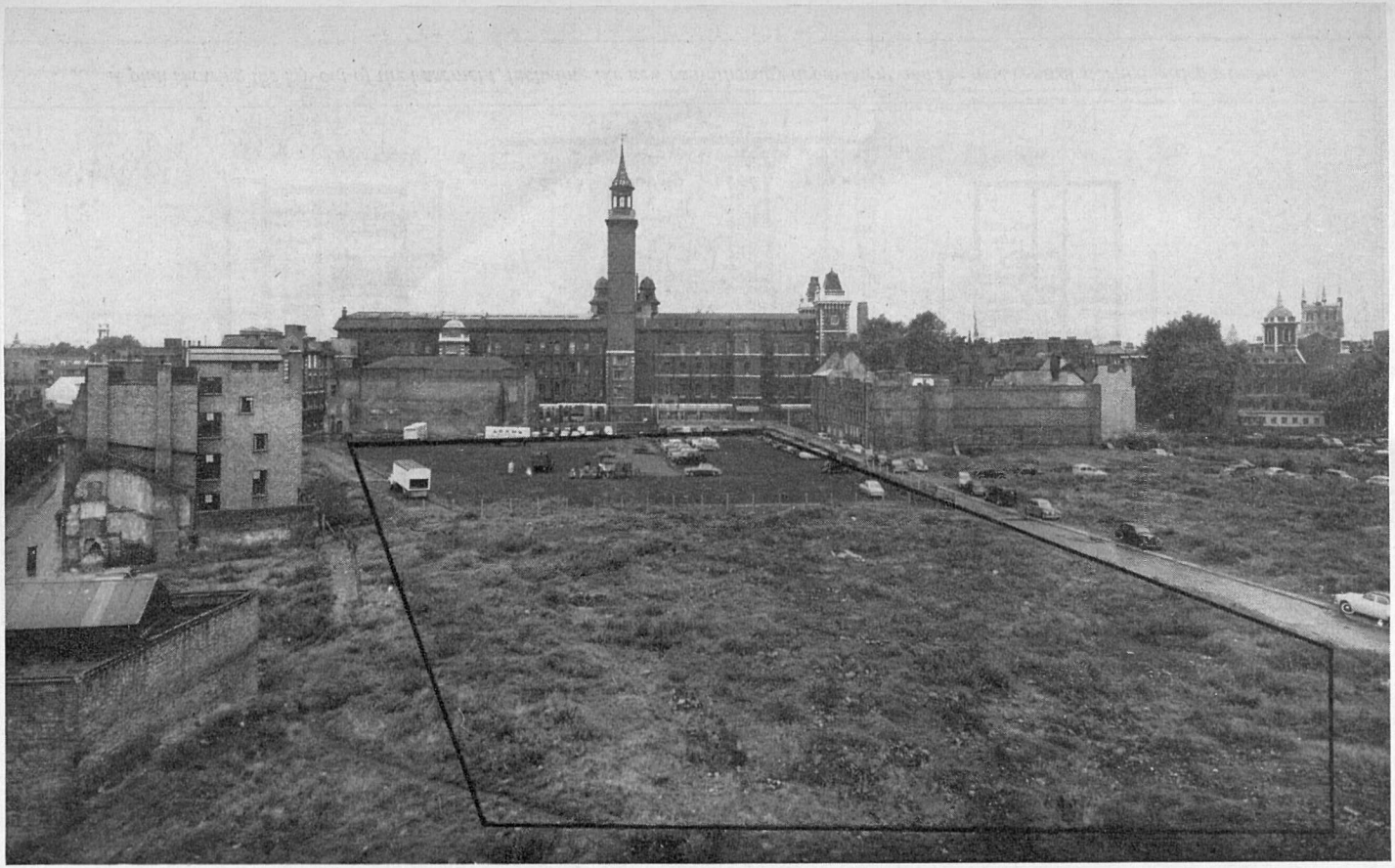
Mr. W. D. Doherty (Chairman).
Mr. H. J. B. Atkins.
Mr. J. S. Batchelor.
Mr. J. B. Blaikley.
Mr. R. J. Cann.
Mr. P. W. Clarkson.
Dr. P. J. Helliwell.
Mr. Grant Massie.
Mr. T. T. Stamm.
The Matron.



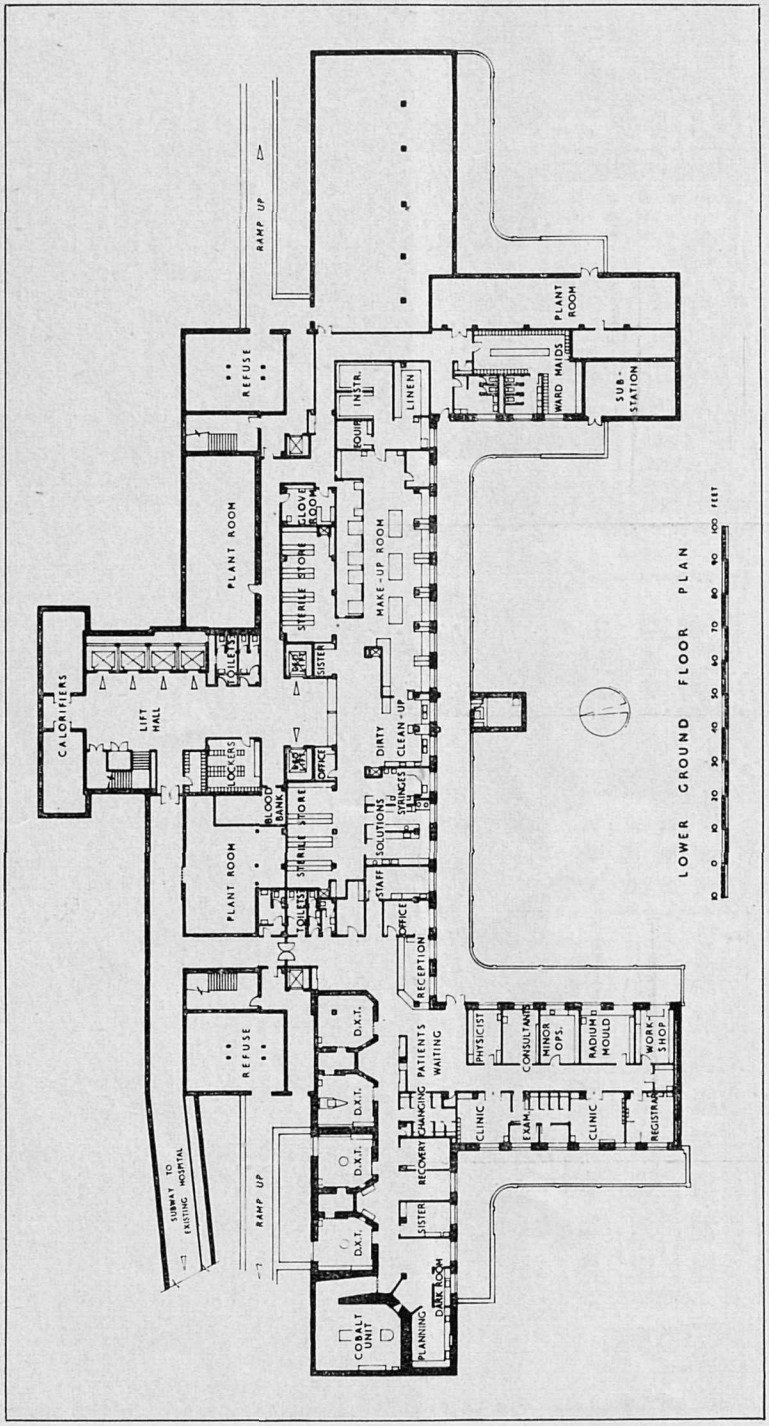
An artist's impression of the southern elevation of the new building, i.e., the side looking out towards Snowsfields.



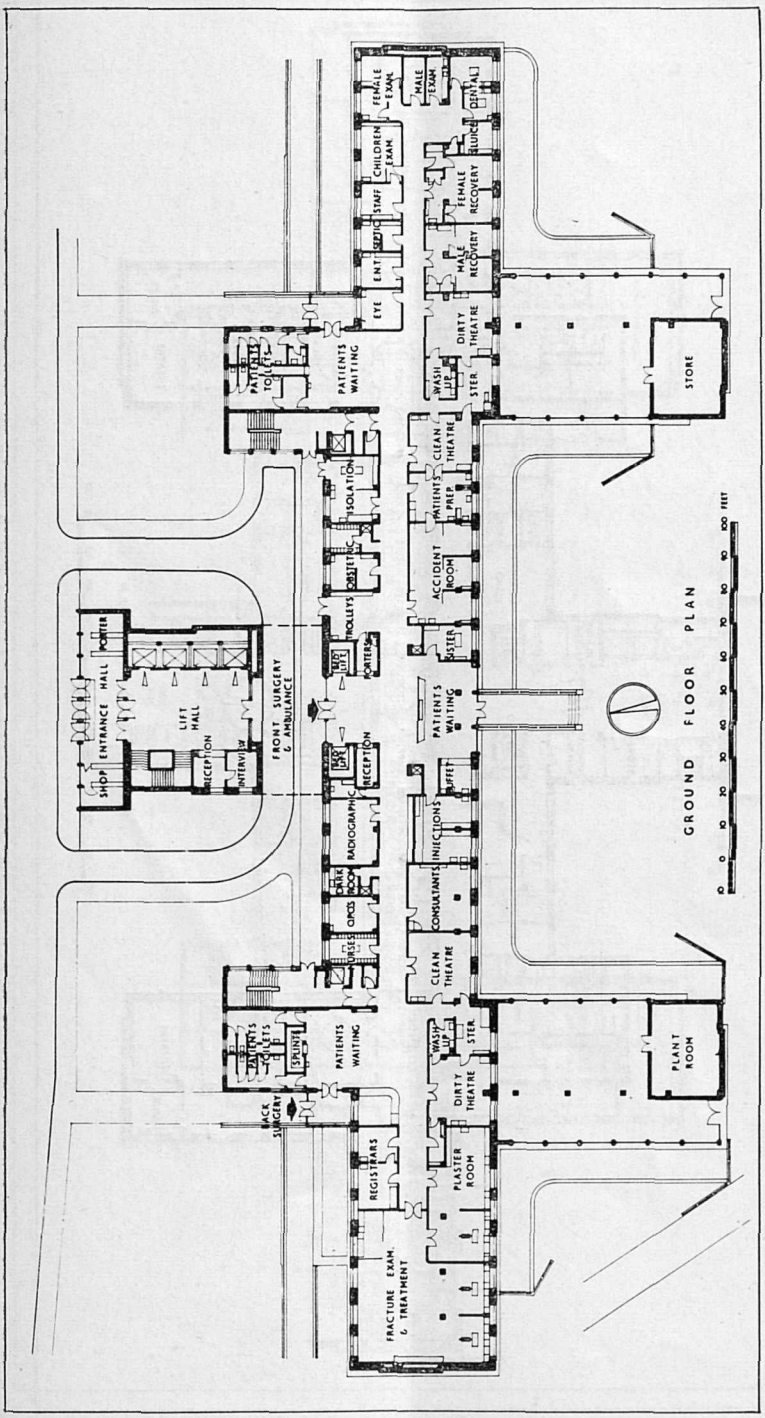
An artist's impression of the northern elevation, including the main entrance.



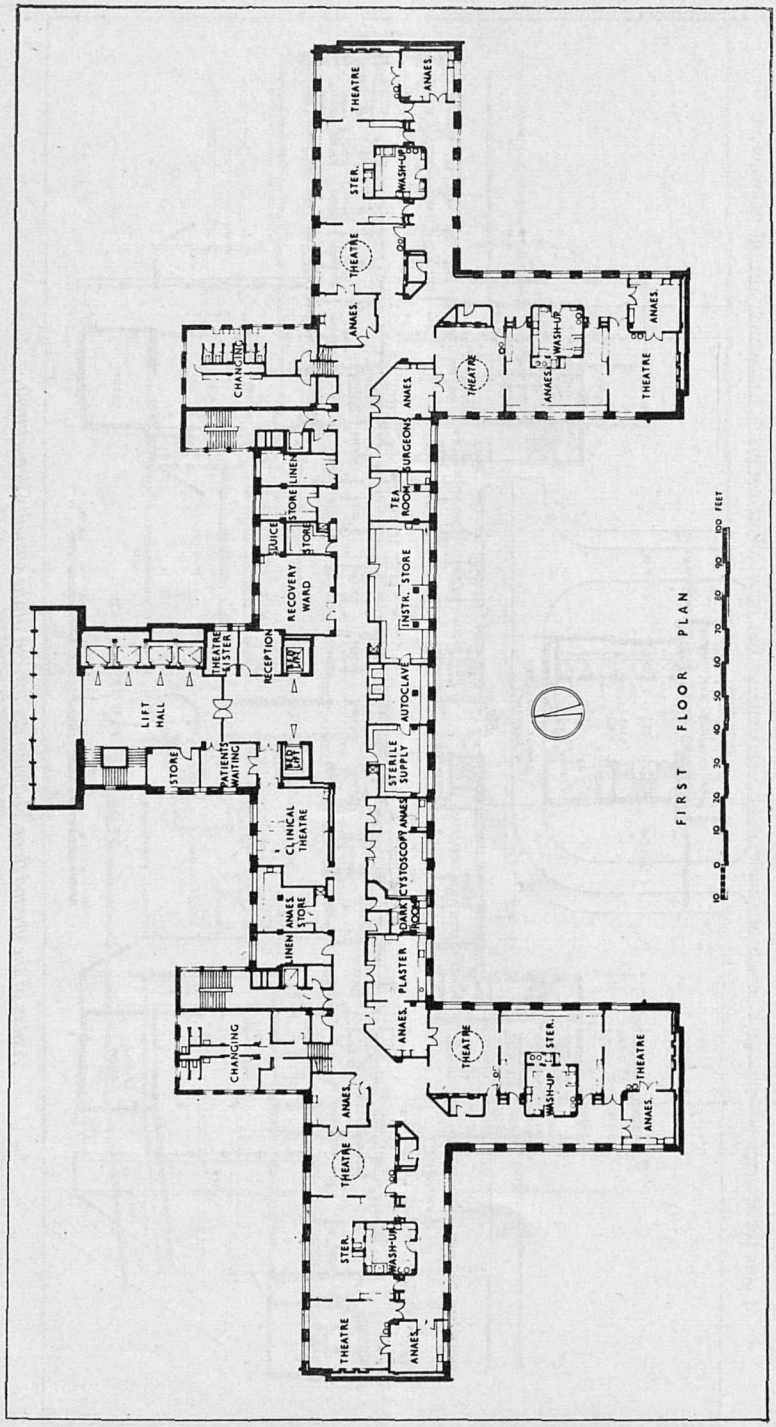
The site of the new Hospital is shown enclosed with black lines. (*The photograph was taken from the rear of a warehouse in Weston Street.*)



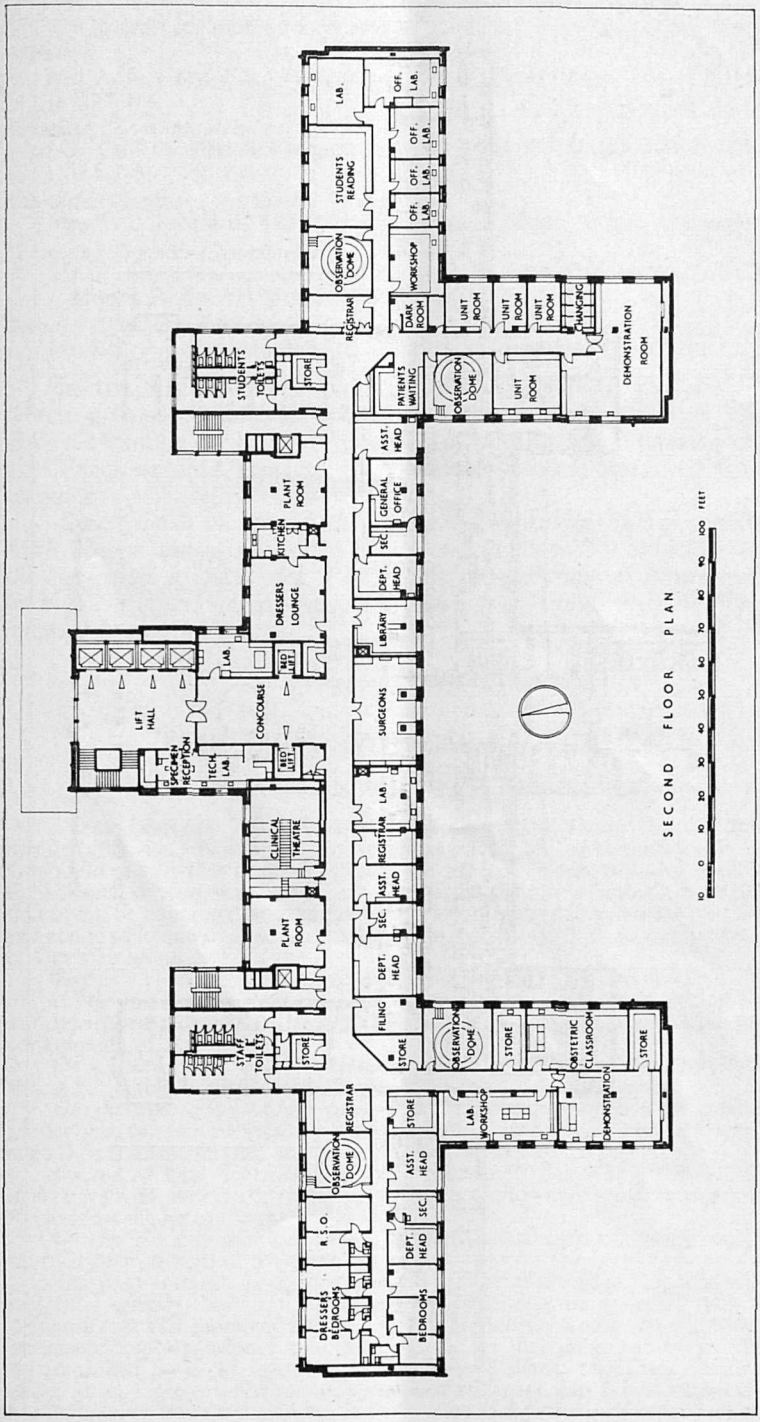
A plan showing the lay-out of the basement, including the new radiotherapy department and the new central sterilizing department.



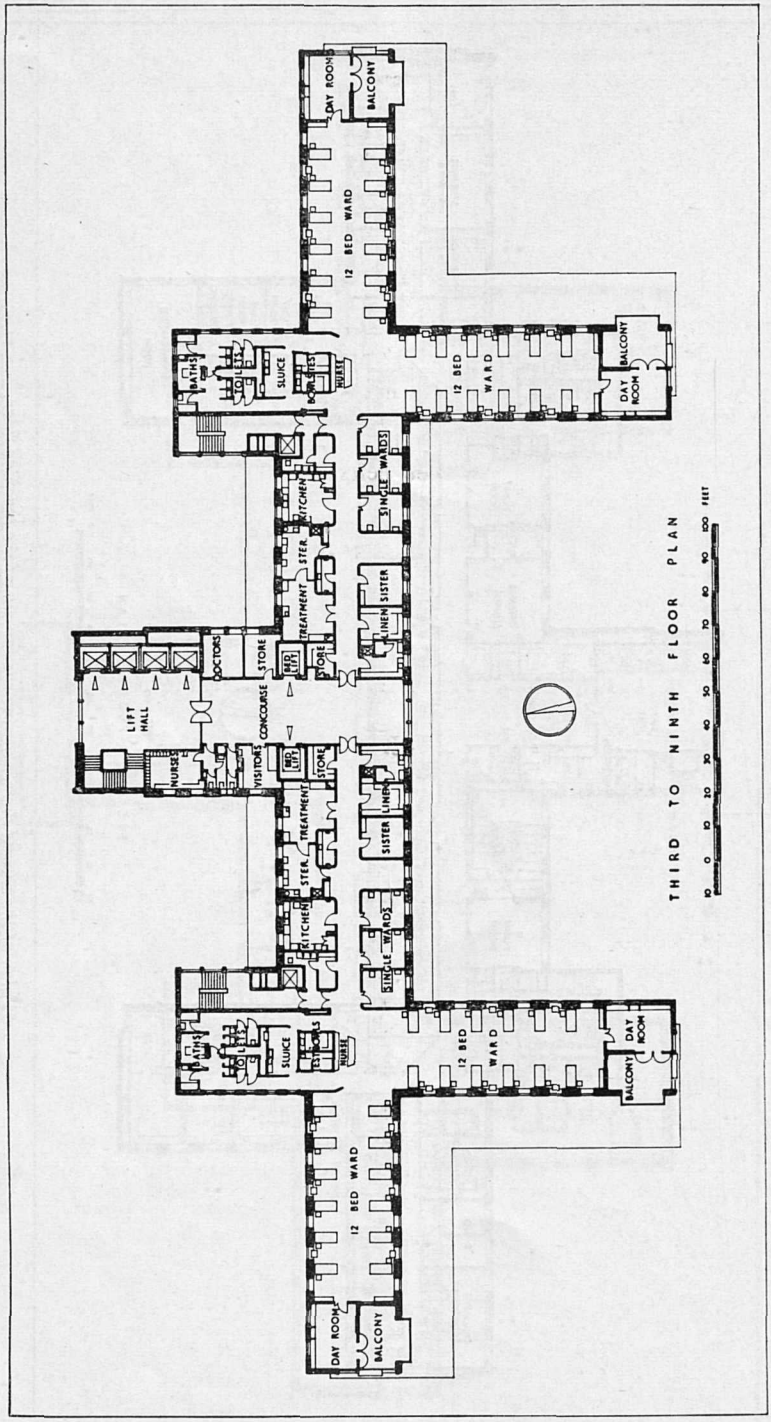
A plan of the ground floor, showing the lay-out of the casualty department.



A plan of the first floor, showing the lay-out of the theatre floor.



A plan of the second floor, showing the lay-out of the teaching floor.



A plan of the third floor, which can be taken as typical of all the seven floors of wards.

The Board's technical advisers are:

Architect:
Mr. A. S. Gray, F.R.I.B.A., of Messrs. W. H. Watkins, Gray, FF.R.I.B.A., & Partners.

Associate Consulting Architect:
Mr. Paul G. Burt, of Messrs. Fugard, Burt, Wilkinson & Orth (Chicago, U.S.A.).

Consulting Engineer (Mechanical Services):
Mr. W. L. Morrison, M.I.C.E., M.Cons.E., of Messrs. Hoare, Lea & Partners.

Consulting Engineer (Structural):
Mr. L. Scott White, O.B.E., M.Inst.C.E., M.I.Struct.E., M.Am.Soc.C.E., of Messrs. R. Travers Morgan & Partners.

Quantity Surveyor:
Mr. Eric G. Lynde, F.I.A.S., of Messrs. Eric G. Lynde & Partners.

In the Annual Report on the finances of the Hospital, when referring to rebuilding, there is a quotation from the Will of Thomas Guy. I cannot do better in conclusion than repeat his instruction to his "Executors and Trustees, their heirs, executors, administrators and assigns :

Erect, finish and fit up the two new Squares of Building in Southwark by me some time since begun and intended for an Hospital for the reception of such sick Persons as are hereinafter mentioned and such other erections, offices and buildings as shall . . . be for that purpose further necessary".

THE NEW SURGICAL BLOCK

By ALEXANDER GRAY, F.R.I.B.A.

The new Surgical Block is planned to form part of future Hospital development on the site. It will be built on the southern half of the site to the east of Guy's Hospital. The position selected for the new block will also leave room for Hospital development to the east and north. The new building is so planned that it can be connected at each floor level to future buildings on the north of the site and it will connect at basement level by a subway corridor to the main subway of Guy's Hospital.

The new block will have eleven storeys allocated as follows :—

On the Lower Ground Floor—Deep X-ray therapy department, central sterilizing department (serving the whole Hospital), staff changing rooms and the air-conditioning machinery.

On the Ground Floor—The main casualty department of the Hospital, consisting of "Front" and "Back" Surgery, and four casualty theatres.

On the First Floor—Eight main operating theatres, cystoscopy theatre and plaster theatre, and all ancillary accommodation, including a recovery ward and central instrument service, and a clinical lecture theatre for 50.

On the Second Floor—Offices, laboratories and teaching rooms for the departments of surgery, gynæcology and anæsthetics and some accommodation for resident medical officers.

On the Third to Ninth Floors—Two ward units each of twenty-seven beds on each floor, a total of 378 beds.

The road entrance to the new block is on the north side. Visitors and staff will enter directly through a broad entrance hall into the main lift hall, where there are four fast passenger lifts serving all the floors. These lifts will have fully automatic controls and can take calls in order, or the system can be switched to be controlled by a lift operator, as required. Patients brought by ambulance arrive at an inner covered roadway entrance and pass into a hall served by two bed lifts, by which they may reach the wards or operating theatres. There are

also separate entrances to the two divisions of the casualty department, one for new patients, the other for patients returning for further treatment.

In addition to the six central lifts there are two goods lifts for removing soiled linen and waste from the wards and theatres.

The principal staircase rises from the main lift hall and there are two emergency staircases.

THE WARDS

After considering the various types of ward plans and taking into account the claims of patients, of nurses and of teaching, the open form of ward plan has been adopted.

Each ward unit comprises twenty-seven beds and consists of two twelve bed wards and three single bed wards. The twelve bed wards are placed at right angles so that a view can be obtained from the nurse's desk or station at the junction of the two wards. At this point are twin corridors serving the sluice room and patients' sanitary accommodation, the latter being capable of division to enable the ward unit to be occupied by both sexes. A wash basin is provided between each pair of beds and cubicle curtains are designed in such a way as to provide a ten foot cubicle with a basin to any bed when required. A panel comprising a bed-head light switch, a 13 amp. power plug, a radio plug and switch, a call button and a telephone plug will be provided at each bed-head and all beds will be provided with oxygen and 30 amp. power. In each ward a restricted number of beds will also have piped suction available. At the end of each ward will be a day room with glass doors opening on to a covered balcony.

The ancillaries to each ward include a sluice room, test room, bowl room, ward kitchen, preparation and sterilizing room, sister's room, linen room, store, cleaner's and flower room. An area is provided where soiled linen, waste and garbage can be collected and taken to a collecting room on the lower ground floor for disposal. There is a separate medicine room containing all drugs and the D.D.A. and poison cupboards.

THE DEPARTMENTAL FLOOR

The directors of the departments of surgery, anæsthetics, gynæcology and obstetrics, with their departments, are accommodated on the second floor. Each department has offices, laboratories and lecture rooms and there is a clinical lecture theatre with tiered seating for fifty occupying the height of both this floor and the theatre floor. A medical library and a common room are also provided on this floor.

THE OPERATING THEATRES

The whole of the first floor is devoted to the requirements of the eight main operating theatres and two minor theatres. The principal theatres are arranged in four pairs. Each theatre is provided with an anæsthetics room and surgeons scrub-up, and each pair of theatres shares a sterilizing room and wash-up room. Sterilizing is by dry steam autoclaves, but there is a boiling sterilizer in the wash-up room for final cleaning of instruments and bowls. Heated blanket rails adjoin each theatre entrance. Four of the main theatres have glass observation domes accessible from the departmental floor above. There is also a cystoscopy theatre and a plaster room. Situated centrally on the floor is an instrument sterilizing department and storage—serving all theatres—also a patients recovery ward and surgeons rest room with canteen, and an X-ray Dark Room. Changing rooms are provided for all categories of staff, as well as for visitors and students.

The entire theatre suite is provided with filtered washed and warmed air with controlled humidity, and provision is made for the future addition of cooling apparatus should this be required. Twenty-four changes of entirely fresh air are provided each hour. Two of the main theatres will have full air conditioning permitting complete temperature control. All air conditioned areas will have double windows, and all theatre areas will have anti-static terrazzo flooring. All theatres will be lined with tiles from floor to ceiling.

Provision will be made for the inclusion of an X-ray camera in the dome of two of the theatres.

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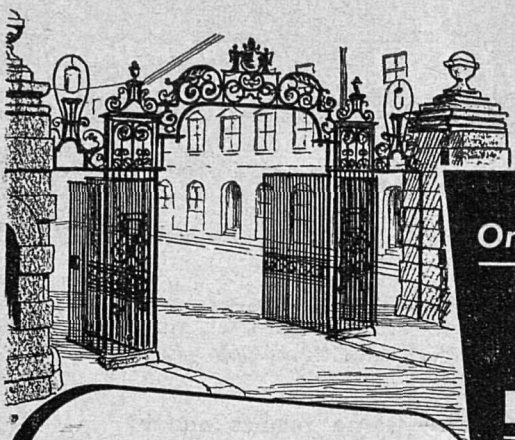

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THE CASUALTY DEPARTMENT

The casualty unit will be divided into two areas, the front surgery where casualty patients will be admitted for initial treatment and the back surgery for patients making subsequent visits for dressings and other treatment. Each of these units will have a pair of theatres complete with ancillary rooms, and in each case one theatre will be for aseptic and one for septic work. Waiting spaces will be provided to both surgeries, and a common waiting space with a buffet will be contained between the two. Other services common to both are diagnostic radiography and injection rooms.

The main area within the back surgery will serve two purposes. In the morning it will be a dressing room and dressers' cubicles are to be formed within the space. In the afternoon this same area will be used as a fracture clinic. This large room will also form the main teaching area within the department.

The area devoted to the front surgery is divided into specialist clinics, including obstetrics, E.N.T., eye, children, dental and a clinic for the treatment of staff casualties.

Both the front and back surgeries will have their male and female sanitary accommodation entered from their respective patients waiting areas.

THE CENTRAL STERILIZING DEPARTMENT

In the lower ground floor is based the central sterilizing department for the whole Hospital. This is planned so as to provide a flow of sterile materials comprising everything required throughout the Hospital, except theatre instruments, which will be processed on the theatre floor. This department will be connected to all floors at points in both the east and west wings by service lifts for the return of dirty goods and the issue of sterile goods. Lamson tubes will also serve both wings to speed up the process of requisitioning materials.

The sterilizing will be carried out in a bank of four large and two small autoclaves with fully automatic controls capable of hand operation in emergency. Two of the large autoclaves will have nickel clad steel linings for the sterilizing of solutions, and the two smaller autoclaves are to be fitted with a pressure regulator to enable them to be used for gloves. Within the department will be separate units to deal with gloves, solutions and distilled water and syringes, the latter being sterilized by hot air.

This department is of particular interest as it will be the first complete unit of its kind in an English hospital.

THE DEEP X-RAY THERAPY DEPARTMENT

The radiotherapy department will house in two wings examination rooms, clinics, and treatment rooms with their waiting spaces and ancillaries. The treatment rooms are designed for equipment using both X-ray and gamma radiation from radio-isotopes. A radium mould room is to be provided, together with a minor theatre for the application of radium needle treatment.

A recovery room is to be situated within the department for the use of patients who may arrive within the department in an exhausted condition, and this room will have complete facilities including its own sluice unit.

CONSTRUCTION AND FINISHES

The foundations, basement walls, the floors and columns will be of reinforced concrete construction.

The building will be faced externally principally with brown brick and reconstructed portland stone dressings. The facing of the pent houses, the north face of the central staircase and the projecting first and second floors will be faced with crushed Westmoreland slate.

All windows will be of galvanized mild steel, and the ward windows will be of the "Austral" type, consisting of a pair of linked pivoted and sliding sashes.

The ground floor level will be three feet above ground and most of the lower ground floor will have normal windows looking on to a shallow bank. Penthouses above the main roof level will house lift motors, tanks and ventilating fans.

The main entrance and main staircase hall will be paved with mosaic. The main corridors of the ground floor and basement, and the whole of the theatre floor, will have terrazzo flooring.

The wards will have thermo-plastic tiles and the sanitary annexes will be paved with tiles.

ENGINEERING SERVICES

The new building will be exceptionally well provided with engineering services. High pressure steam will be provided from the main boiler house of the existing hospital and will be distributed at a pressure of 65 lbs. to the autoclaves and sterilizers throughout the building, and will also provide heating and hot water by means of calorifiers. All hot water will be softened and softened cold water will be supplied to X-ray developing units. Heating will be by means of low pressure hot water radiators recessed wherever possible, while in the wards additional heating will be by means of heated skirtings. Electrical services will include supplies of power at various points, general and special lighting and supplies to lifts, pumps, fans and other machinery, as well as to the X-ray therapy machines.

There will be supplies of gas to laboratories and test rooms, oxygen to all theatres and treatment rooms and to some beds, but there will be no piped supply of anæsthetic gases. Piped suction lines will be available in theatres, wards and all anæsthetizing and recovery rooms.

All main services and plumbing will be housed in ducts, and the external walls will be double, forming a vertical duct between windows. Below the lower ground floor will be a continuous subway six feet square in section containing all services.

On each ward floor will be gas operated dressings incinerators and there will be two large incinerators in the lower ground floor refuse areas.

On each floor will be two stations for the Lamson tube system, which will convey messages and documents between all departments of the new building, and will link up with the X-ray, records, dispensary, and pathology departments in the existing Hospital through an automatic exchange. Contact with the staff will be maintained by two means, by the automatic telephone system and by the radio ring system of intercommunication. Fire hydrants and hose reels will be situated at strategic points throughout the building.

THE DEPARTMENTAL FLOOR

The second floor of the new building has been largely reserved for the Departments of Surgery, of Obstetrics and Gynæcology and of Anæsthesia. Not all the space on this floor is available for the Departments because the observation domes of those theatres which possess them project upwards from the floor below. The Clinical Theatre also occupies two floors and some considerable area is devoted to this to the north of the main corridor on the departmental floor. Except for two rooms occupied by an engineering plant and a residential suite for the "Take in" firm, the rest of this considerable area is devoted to the three departments.

Each department has an administrative section with rooms for the director, the assistant director and secretaries. The Department of Surgery incorporates a large demonstration room where the fellowship class and other postgraduate classes and demonstrations may be held, together with patients' changing rooms and cloakroom accommodation for those attending the demonstration. In addition, there is a combined exhibition and students' reading room, one large laboratory and four small office laboratories furnished with standard equipment. Four so-called "unit rooms" may be used as headquarters for the various surgical specialties or can readily be converted into laboratories. A workshop and a cloakroom complete the floor plan of this section.

The Department of Obstetrics and Gynæcology is equipped with one large laboratory and a classroom, and the Department of Anæsthetics has a demonstration room together with a combined workshop and laboratory. The library is shared between the three Departments but is not intended to be more than a book store as students will have the exhibition room in the Surgical Department available for study.

The rest of the floor is taken up with what may be regarded as amenities. There is a surgeons' room, registrars' room and a dressers' lounge and a small kitchen which can supply tea, coffee and light refreshments. Plenty of storage space and the usual offices have not been forgotten.

Eighty Years Ago

From Guy's Hospital Gazette, September, 1877.

THE COLLEGE

A brief mention was made in our last number, of the proposed new college to be attached to the hospital, and a hope expressed that the idea would be soon consummated.

This month we have to regret that the further consideration had been postponed for a year . . . .

The original plan was to occupy the space left vacant by the pulling down of the Maze Pond Chapel, at the same time removing the three or four small cottages abutting on New Street, and the large black wooden building at the back. On this large site a somewhat quadrilateral building was to have been built, extending from Maze Pond, to Maze Pond Court, rather handsome in design according to the plan shown to us. In the centre was to be a square court yard, in which the common dining hall and kitchens would be placed. Rooms ; a sitting and bedroom would be sufficient for between forty and fifty students.

That the project has for the present fallen through we can only regret ; but hope that no questions of economy will induce the authorities to moderate their scheme.

Sixty Years Ago

From Guy's Hospital Gazette, 11th September, 1897.

HOSPITAL NEWS

Classified List of Cases in the Medical Wards.

Mary

Circulatory System

7. Mitral stenosis. Pleurisy.
9, 45. Chlorosis.
13. Mitral stenosis. Tricuspid regurgitation.
30. Aortic and mitral stenosis and regurgitation. Tricuspid regurgitation.

Nervous System

40. Peripheral neuritis.
42. Anorexia nervosa.
44. Chorea.

Alimentary System and Abdomen

2, 3, 17, 18, 34, 36. Gastro-enteritis.
8. Appendicitis.
14. Abdominal abscess.
15, 37. Gastric ulcer.
25. Enlarged liver. ? Gall Stones.
33. Chronic peritonitis.
46. Ulcerative stomatitis.
47. Hæmatemesis. Epistaxis. Enlarged liver. Albuminuria.
49. Ascites. Cirrhosis of liver.

Genito-Urinary System

6. Floating kidney. Nephrorraphy.
28, 29. Tubal nephritis.

Respiratory System

5. Localised empyema.
16, 23. Phthisis.

Miscellaneous

4, 19, 32, 39, 41, 43. Acute rheumatism.
24. Eczema.
38. Anasarca.

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Applications are invited for the post of **Resident House Physician** (with Casualty Duties) for six months from 1st November, 1957. Appointment recognised for the D.C.H. Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates) and copies of three recent testimonials, to the Hospital Secretary by first post on **2nd October, 1957.**

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*B. L. Copley — J. G. Wright
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*Have completed the examination.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Baily, R. A. J. and Brock, B. H. Hydrocortisone in Tennis Elbow—A Controlled Series (Abridged). *Proc.R. Soc. Med.*, 1957, **50**, 389.

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BIRTHS

BAILEY.—On 3rd September, 1957, to Marguerite, wife of Walter John Bailey B.D.S., a daughter (Zoë Hélène) a sister for Nigel and Isobel.

BOYLE.—On 6th September, 1957, at the Royal Hampshire County Hospital, Winchester, to Kathleen (née Skan, S.R.N.), wife of Lt. Charles Boyle, a daughter (Caroline).

DICKSON.—On 27th August, 1957, in Nuffield House, to Patricia (née Palin), wife of J. R. Dickson, F.R.C.S., a daughter (Joanna Grace)

EDWORTHY.—On 17th August, 1957, at Crowhurst, to Josephine (née Lilley), wife of Stanley Edworthy, a son (Robert Bernard), a brother for Douglas and Andrew.

PLOWMAN.—On 28th August, 1957, at Nuffield House, Guy's Hospital, to Pearl and David Plowman, a son.

YOUNG.—On 2nd September, 1957, at St. Mary's Nursing Home, Mottingham, to Pam (née Duncan, S.R.N.), wife of Fred Young, L.D.S.R.C.S., a son (Duncan John), a brother for Lorna.

MARRIAGES

BAKER—EVANS.—On 10th August, 1957, at Beverley Minster in the East Riding of Yorkshire, Geoffrey Cecil Winchester Baker, M.B., B.S., to Gwyneth Shirley Evans, S.R.N., S.C.M.

GALER—PERYER.—On 10th August, 1957, at Shelley Road Congregational Church, Worthing, Graham Galer, B.A., to Anne Peryer, M.B., B.Chir.

McGILL—OGDEN.—On 7th June, 1957, in Vancouver, Clifford McGill to Kathleen Ogden, S.R.N., S.C.M., M.T.D.

DEATH

HILLMAN.—On 29th August, 1957, Leslie Michael Hillman, M.R.C.S., L.R.C.P.

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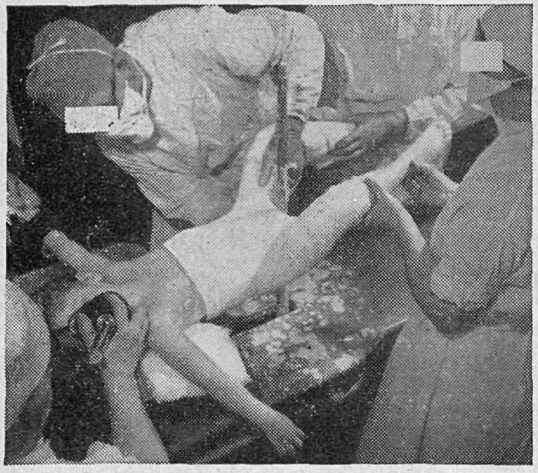

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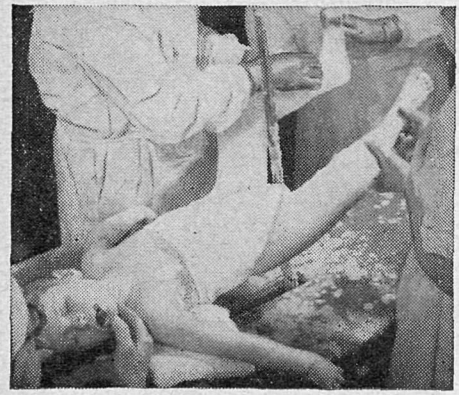
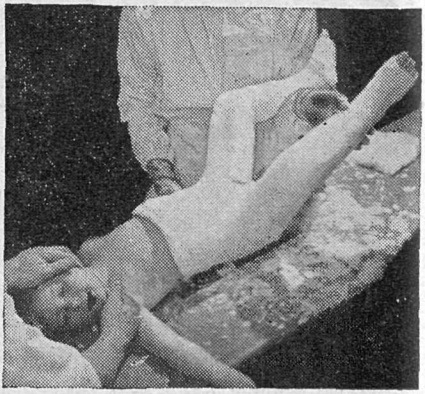


2. *Surgeon completing the plastering of left leg and foot—anæsthetic discontinued.*



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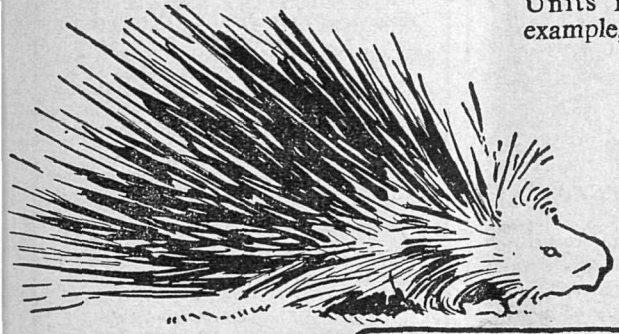

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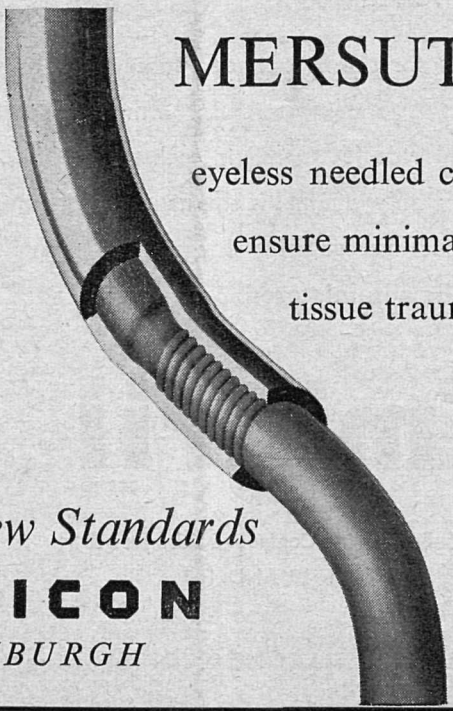

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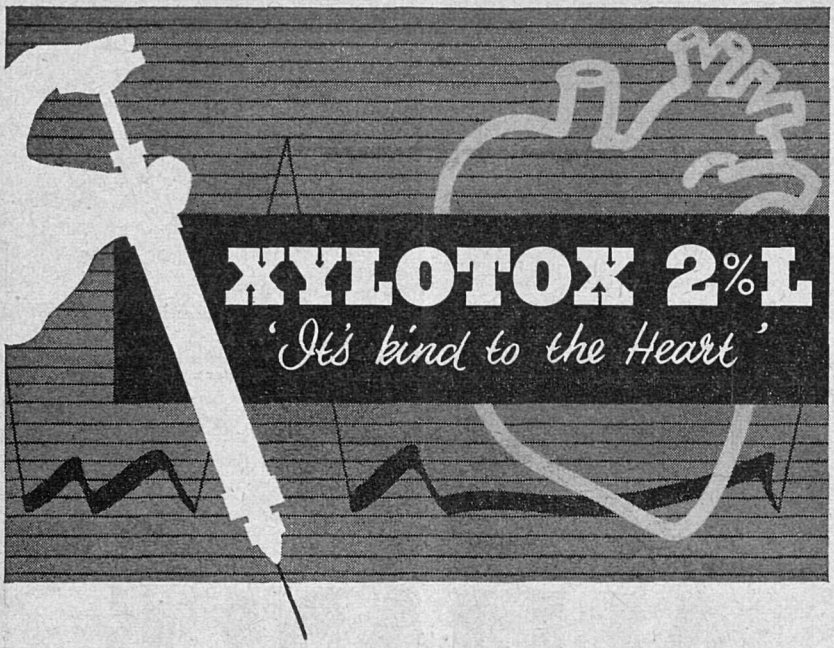

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REFERENCES

1. Holtz et al., Klin. Wochschr. 1951, *29*, 393.
2. Epstein et al., J. Dental Research 1951, *30*, 870.
3. U.S. Von Euler, "Noradrenaline", Springfield, U.S.A. 1956.

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PASSIM

THE *Lancet* of 31st August contained some interesting impressions of American Medical Schools by three students from a London teaching hospital. They set forth some of the features which impressed them most, which were largely differences in method and approach to medical education, and made one suggestion about assessment of students which they would like to see adopted in this country. The issues involved are wide ones which are thrashed out annually—perhaps even more frequently—but they do stimulate a moment's comparison with the features of medical education of one's own experience.

No one who has done medical and surgical appointments at Guy's can fail to appreciate the degree of responsibility given to the student. From the moment he enters the wards his work is to examine and keep the records of the patients assigned to him, and these are the official records of the Hospital ; time and again they are consulted for details when the patient returns on some future occasion. The results of some of the simpler investigations he does are accepted implicitly. He takes patients to and from the operating theatre ; apparently a menial task, but a significant aspect of medical care. In the Out-Patient Department and in the Front Surgery he is often the first to see the patient ; and when called in the middle of the night on surgical take-in, he has the opportunity of making up his own mind whether he can prescribe adequate treatment or whether he has to get the house-officer out of bed. In view of these facts no student can fail to feel that he is a member of a " clinical team ", and it is difficult to see how much further our own Hospital can go in this direction. Discussing patients with consultants in the corridor is very laudable and democratic, but consultants are extremely busy men who must often feel that they ought to be in more than one place at the same time. There is plenty of time to talk to a consultant when he is in the ward ; and even though a " grilling " may be resented at the time, it is often appreciated afterwards. In addition, valuable time may be spent in the ward when the consultant is not there ; "Surgery is learnt at the bedside", said a visiting surgeon at a Departmental Round one Saturday morning.

Other points raised in the article are those of elective clerkships and the attitude towards research. The former find their parallel here in the special appointments, which admittedly many students do not do ; this is a pity. One of the writers found himself being taught by six members of the staff on one of these clerkships. It must be

fascinating to have the benefit of so much well-qualified opinion at the same time, but the situation contains the possibility of spreading confusion. Surely teaching is greatly a question of personality, and of quality rather than quantity. As regards research, it is doubtful whether the student in a clinical period of three years has the time to do it, and indeed whether the time would be well spent. Nevertheless, the opportunities are there for the person with the initiative and the desire; the Wills Library and the records department are available, and students' names constantly find their way into the *Guy's Hospital Reports*. A monumental example of this recently was Dr. D. C. Humphrey's paper on coronary artery disease.

The problem of the differences in the examination system must be a matter of opinion. The idea of a system of grading by means of a series of intermediary examinations, with a final licensing examination (in which the failure rate is apparently 2-3 per cent) before practice is permitted, sounds attractive. Is this because it is different, or because it is a basically sounder method of selecting doctors with less psychological trauma for the student ? In this country the failure rate at any final examination is in the region of 40 per cent, and it is conceivable that these examinations may be passed parrot-wise, to the neglect of one's general medical experience. It is interesting that the Conjoint Board are at the moment experimenting with a new type of examination in Medicine. Perhaps the answer lies in the fact that neither country has much cause for complaint in the general standard of their doctors. Every person can learn from his colleagues, but he is loath, perhaps wisely, to make a wholesale adoption of their system.

Rather belatedly we include a report of the cricket cup final. We congratulate the Cricket Club on bringing the cup back to the Hospital. Much credit must go to the captain, M. N. Morgan, who by his example as a leader and as a player had much to do with a very successful season. At the same time we publish a report of the first match of the rugger season. Many shafts have been directed at the *Gazette* in the last few years for inadequate attention to the Hospital game, and we hope that this will not be true of this year. The Rugger Club are making increased efforts this year to achieve and maintain a high degree of fitness, and we wish them a most successful season, with, perhaps, another cup at the end of it.

The Matron has asked us to draw the attention of readers to a vacancy which has occurred for a European Sister at the Anglican Mission Hospital near East London, South Africa, where Dr. Joan Gardner from Guy's is the Senior Medical Officer. This is an excellent opportunity for someone interested in this type of work. Matron will gladly forward leaflets on the conditions and scope of the work to anyone who is interested in applying for the vacancy.

A correspondent from Ontario, Canada, points out that in view of the number of Guy's men at present over there, it should be possible

to organize a reunion in some central city. We commend this suggestion to our readers in Canada, and would be delighted to have an account of the proceedings.

The London Working Party of the Guy's Hospital Ladies Association begins again on 1st October. They meet at 24, St. Thomas' Street, from 2-4 p.m., during which tea is served. Anybody who is interested in making garments for patients will be most welcome.

GUY'S DIARY

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12th	S	10.00	Departmental Round. Mr. N. R. Barrett.
14th	M	1.00	Dr. A. S. Grimble. Clinical Lecture.
		4.30	Dr. P. M. F. Bishop. Endocrine Demonstration. *Hypopituitarism.* Preclinical classroom.

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The Annual Ball of Guy's Dental Society will be held at " The Savoy," on Hallowe'en, Thursday, 31st October, next.

The Dental Society regrets that the traditional Friday night booking could not be made at any of the leading hotels. It has been decided to make this year's affair a grand Hallowe'en Ball.

Double Tickets 4 gns. Students 3 gns. Available from :

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I. G. CREED,
Guy's Hospital Dental School.

Thirty Years Ago

From Guy's Hospital Gazette, 12th September, 1927.

We offer our congratulations to Mr. C. Hall and to Mr. C. G. Walmsley on obtaining the degree of Bachelor of Dental Surgery of the University of London. It is pleasing that the first two men to obtain this Degree were both Guy's men.

OBITUARY

LESLIE M. HILLMAN, M.R.C.S., L.R.C.P.

The death of Leslie Hillman at the age of 26 brings to a tragic end a life of splendid achievement and exceptional promise. Relatively minor ill-health is sometimes quoted as an excuse for failure ; it was Leslie's triumph that in spite of a series of long major illnesses extending over five and a half years his career was an unbroken line of success and he was able without apparent effort to maintain his position as the outstanding man of his year. Indeed, his record as a clinical student is among the very best in the files of the Medical School.

Leslie Hillman was educated at St. Alban's County Grammar School and after serving in the R.A.F. as an Operating-Room Assistant he entered Guy's as a first year student in October, 1950. It was particularly after he came into the Wards that his great gifts became apparent ; he quickly made his mark and at different times I have heard several senior members of the Staff describe him as the keenest and most able ward clerk of their experience. His success, moreover, was not due to any mere cleverness ; he did have a lively, enquiring mind and a retentive memory, but with these went a fund of common sense and an astonishing maturity of judgement and human understanding which marked him out as a potentially great clinician. It was his ambition to become a surgeon and there are few for whom one could so confidently have predicted the attainment of consultant status and a career of distinction in his chosen speciality. As a student his opportunities for prize-winning were much limited by ill-health, but he was awarded a certificate at the examination for the Charles Forster Prize in Cardiology and was bracketed equal for the second Charles Oldham Prize in ophthalmology. He qualified M.R.C.S., L.R.C.P., in April, 1957, and in June he became Assistant House Physician to Dr. Douthwaite and Dr. Hardwick. At the time of his death he had just been appointed Out-Patient Officer.

It is, however, for his personal qualities that those of us who were privileged to know him will remember him. Always a gay and amusing companion, he bore his long illness and many frustrations with uncomplaining fortitude, and his modesty and friendliness endeared him to all. I recall a year or so ago being stopped in Out-patients by a docker who had been a fellow patient in the ward and who said " Is Leslie getting on all right, Sir ?—he's one of the very best ". Leslie was indeed one of the very best and we could ill afford to lose him. We extend our deepest sympathy to his fiancée and to his parents.

J.C.H.

MODERN MALADIES—OLD PHILOSOPHIES

III. ULCER OF THE STOMACH—ARISTOTLE

By H. St. H. VERTUE

"MY bowels boil and cease not" said Job, sick with self-pity, a sufferer not from dysentery but from ulcerative colitis, even though drought, dirt, camels and flies were familiar features of the land of Uz. For some time I had entertained the notion that ulcerative colitis is an example of *sympatheia*, as the Epicureans called it, a combined malady of body and mind, and that the root of it could be seen in the popular expression "the bowels of compassion"—usually for oneself. Sir Arthur Hurst on the other hand believed that ulcerative colitis *is* dysentery. Yet William Blake once found himself sitting on a bank beside a pleasant stream, hearing a harper, who sang "The man who never alters his opinion is like standing water and breeds reptiles of the mind." So Hurst, being one of the great men of Guy's, altered *his* opinion before he died and conceived the characteristically ingenious notion of disturbing a patient, that he might observe the colon blush. Accordingly we met at Orpington over a sufferer from ulcerative colitis, upon whom an ileostomy had been performed; but though the scientific curiosity of the physician was great, his compassion was greater still and he left without disturbing the patient. Soon afterwards Mr. Wass performed a colostomy upon a baby born in Victoria with an imperforate anus, whose colon would redden angrily if he were upset, exuding fæces from the proximal orifice, mucus from the distal. This *sympatheia* is now established as accepted doctrine; but Hurst, alas! was not alive to see the vindication of his view. What I might loosely call the cerebral origin of the disease is well illustrated by a specimen in the Museum, No. 823. Therein the areas denuded take the shape of three long lines running the length of the colon. The mucus membrane remaining is disposed between the denuded parts in long but imperfect strips, looking as though some one had set together rows of shillings, sixpences and threepenny bits edge to edge. The random action of bacteria is not to be seen here at all. No! The victim was a healthy labourer who died of ulcerative colitis five and a half weeks after being admitted for concussion.

The cerebral origin of gastric ulcer is equally well shown by the specimens *Medico-legal* I and *No.* 615. In the former jar is the stomach of a working man, who was knocked down by a travelling "grab" and suffered a fractured base, with hæmorrhage into the *tuber cinereum*. He died in forty-four hours. The whole area that bears oxyntic cells vividly displays hæmorrhage and necrosis, coming to an abrupt end at the pyloric antrum. The second jar holds a woman's stomach showing widespread but not universal hæmorrhage, diversified by splits in the sodden mucous membrane that were caused by violent vomiting. In her case pressure was being exerted on the *tuber cinereum* by a secondary deposit of carcinoma of the breast. These are wonderful representations of the way in which a stream of impulses from the region of the *tuber* may pass to the stomach down the vagus nerves, with destructive effects upon the mucous membrane; but ordinarily it is not disease or accident that disturbs the parts but the patient's state of mind. What that is can easily be known, for tradition associates the stomach with anger. When Prometheus made man, he apportioned to the stomach the force and fury of a raging lion, so Horace tells us; and there was a verb too, *stomachor*, I am annoyed. But the brightest illumination is thrown on the subject by Drs. Wolf and Wolff of New York, whose laboratory attendant, Tom, had a permanent gastrostomy, which gave them the opportunity of observing precisely how the stomach behaves under the influence of different emotions. Their *Human Gastric Function*, is a most valuable book and entertaining too. Therein you may learn how, when Tom encountered a secretary, genus *Momma*, the mucous membrane flushed an angry red; flakes of mucus gathered; strong acid juice welled forth as though in preparation for a cannibalic meal and the ground was laid ready for the formation of an ulcer. You may read too of a similar though less violent turbulence that afflicted the stomach, when Tom's stepdaughter underwent cystoscopy, and how in both cases this state of affairs lasted for as many days as the poor wretch harboured resentment or anxiety.

Resentment, then, is the most potent cause of the changes described; but it is the common notion that anxiety promotes the ulcer. What is anxiety? Often am I presented with the label "anxiety state", but nearly always I find that fear or depression are the real feelings. An "anxiety state", ungrammatical, is psychology; a

state of anxiety, grammatical, is not. Etymology, not psychology, is here the better guide. The word "anxiety" is derived from *angere*, to throttle; and it can best be defined as a mingling of alarm with resentment, to be endured only if necessity demands, but otherwise to be ended by counter-attack, as for example on the occasion when Mr. Martin, the surly groom, endured for a moment or two Mr. Benjamin Allen's attempt to strangle him where he stood, and then felled him to the ground. Little did the surgeon, who performed the cystoscopy on Tom's stepdaughter, know in what peril he stood! As for the secretary, this Tom would have liked to get his hands round her neck: he said so!

In an Aristotelian sense he had not a good temper. The right wrath against the right person for the right reason in the right situation for the right length of time was the sage's notion—much like the maxims of Dr. Beddard on prescribing. Indeed, Aristotle's prescription would insure against anxiety or resentment. But he would not have expected much virtue from Tom, a "banausic", an artisan, one incapable of comprehending philosophy, which only a gentleman could do according to him, who in this respect fell below the loving kindness of Epicurus. Now it is a fact that the gentlemen of England, as I used to know them, did very rarely suffer from peptic ulceration. Any situation that might awaken anxiety or resentment seldom came their way; and if chance brought it, they dealt with it effectively on Aristotelian lines. When a stomach-ache did assail them, it was due to the profusion of rich and very cheap food. Their influence spread downwards. The cowman, the ploughman, the groom and the gardener touched their hats smiling and knew no resentment. England, like its national poet, still believed in degree.

O, when degree is shaked,
Which is the ladder to all high designs,
The enterprise is sick! How could communities,
Degrees in schools, and brotherhoods in cities,
Peaceful commerce from dividable shores,
The primogenity and due of birth,
Prerogative of age, crowns, sceptres, laurels,
But by degree stand in authentic place?

Now the past is irretrievably past and the glowing sore has come to stay. Yet there is still a flourishing band that is free from ulceration—our nurses. In that profession, with very, very few exceptions indeed, only a Night-Sister now and again suffers from ulcer. But how is my frail pen to describe her, who seems scarce like the rest of mortal race?

Shelley set so much store upon beautiful odours, whether of flowers or of those sweet ladies who resemble flowers, that Bradley wrote a little essay on the subject. Absolute beauty appeared to Shelley in feminine form, and odours (says Bradley) were the outflow of that form as much as were glances, sighs and smiles. So to the poet a sweet odour was expressive of the Spirit of Beauty. In days when the nurses of Guy's came to consult me at times about their health, they would pay to the art of medicine a certain pretty compliment. "Not Clitumnus, not Eurotas could wash you whiter" I would think, "and every dainty garment you have on comes fresh from its drawer." Then there might steal upon the sense a reminiscence of the Shelleyan bouquet, which "spoke but of Her to the enamoured air." Beautiful fragrances were also attributed to the goddesses, Artemis, Athena and Aphrodite. Manifestly neither a goddess of nature nor an armed protectress are akin to a nurse, but it is Aphrodite who represents her best, especially the Cnidian Aphrodite, who is perfectly proportioned, modest, tender, loving, not too exuberant and a potential mother. The nurse's outward form is in harmony with her disposition, to which not anger nor any other vice can be attached. Vexed by some vinegary spinster, she silently turns her impulses down the seventh nerve, not the vagus, and finds in pure drops her relief. She knows no evil and she suffers no harm; and all her nature's needs are met. Only, O young man, you must know your nurse in mufti!

Since my youth the amount of ulceration has increased enormously. For instance, whereas in the first German War hysteria ("shell-shock") and thinly disguised alarm ("Disorderly Action of the Heart") were the soldier's main response to stress, in the second peptic ulcer filled the picture—a striking change in a quarter of a century. But it is true, as I must add, that there were always some ulcers in the past. Take the case of Mr. Polly, so admirably described by H. G. Wells, a most likable man, with no more choler than becomes a certain disposition. Imminent bankruptcy and a dreary wife with her dreadful meals—cold pork, cold potatoes and Rashdall's mixed pickles—gave him that awful hatred and those gnawing pains; but Mr. Polly met his difficulties, fought his foe and found a way to happiness and

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eupepsia as odd-man at the Potwell Inn. A man indeed has to face danger and overcome difficulties before he can know that he *is* a man. Therefore, unless the human being is to be exempt from all need to grapple with his anxieties, a coincident stomach-ache will here and there complicate his troubles. But our quest is not to find out why the disease exists at all but why it has gained so much ground in a short while.

We have not far to look.

His eyes turned up, his mouth turned down;
His accent caught a nasal twang;
He oiled his hair; there might be heard
The grace of God in every word
Which Peter said or sang.

Thus Shelley, scornfully! Much more graciously Mrs. Gaskell in her finely finished idyll of Hope Farm (*Cousin Phillis*) portrayed the farmer-minister, pious, industrious, honest, kindly, who tempered his deep voice with a peculiar twang, which he considered devout. Peptic ulcer is an affliction of the Puritan, and so, by extension, of a commercial world. In part it went over in the "Mayflower" and in part it remained in this country. It was from America that the first warning came. We heard how John D. Rockefeller, with all the dishes of the world at his command, had to subsist upon Benger's Food or similar concoctions; and the easy Englishman, knowing nothing of the wrath to come, smiled and applied himself with equable enjoyment to the Consommé Royal, the Rougets à l'Itallienne, the Noisettes de Moutons aux Champignons, the Mousse, the Faisans braisés sauce Soubise, the Crême mosaique jelly and the Anchois au Crême.

Here I must digress for a moment. I have given hints of an Arcadian world because it was the one I knew, but when the wind was in the east, a tawny haze would sometimes gather on that horizon, the miasma of a great city. I was well aware that many wrongs were perpetrated and sufferings endured beneath that stain; and as I threaded the woods or trod the heathery wold, the lessons of my favourite poet, Shelley, would come home to me. Since that time a change has come. We have paid a forfeit for the failings of our ancestors, mistakes have been made and avoidable losses incurred; nevertheless, the sum of human misery has been brought much lower, even though Arcadia is no more. It is a disappointment that, while Medicine is ameliorating or abolishing the old diseases, humanity out of its weakness replaces them with new.

Returning to the Puritan, I need not record the contributions he has made to our history nor detail his virtues; of which I suppose that integrity, industry, reliability and a strong sense of duty are the most marked. But he is never visited by the light of philosophy: he lives instead by rules, which he imputes to his deity. For him all life is an effort to avoid eternal punishment; art is a temptation; pleasure is wicked; sex is particularly dangerous; the goal is not happiness; enjoyment there can scarcely be; and his hope is only one, future reward for strict observance of the rules. His difficult and disagreeable life furrows the Puritan's brow with horizontal lines. Unhappiness lifts the corners of his eyebrows and draws grooves above his nose. Curves from his nostrils to the corners of his mouth are marks of sadness and of obstinacy. His frame is spare. His flesh is hard. His ridged belly resembles the segments of a centipede. He has one outlet, business, blameless in him, for it is pursued with probity; but anxieties about his bank accounts, the earthly and the heavenly, and resentment against the joyless life that he forces himself and others to adopt have made the Puritan the archetype of the patient with the peptic ulcer.

If the nurse is the woman most antithetic to the ulcer, the corresponding man is Aristotle's *megalopsychos*, the great gentleman, the Magnanimous Man. Aristotle had never seen a Puritan, for in the sunny land of Greece they did not exist; and a person who neither took pleasure into account nor made happiness his goal was imagined as like a beast rather than a human being. Happiness to Aristotle was a state of mental well-being; and he observed that in this sense it was the good man who was the happy man, on which account he recommended the virtues as a subject of careful study. Human life was a function, an exercise of the mind in accordance with reason. A man who would live well and do well should be like a good musician, who played the best music and played it skilfully. Every virtue is a mean between two extremes, for example, between stinginess and ostentation lies munificence; but each one of us, using his intelligence, should learn what his own optimum is. If we take ten pounds of meat as too big a ration (said Aristotle) and two pounds as too small, we are not to assume that the need for six pounds is universal. The Magnanimous Man emerges as the fine flower of this culture. The Magnanimous Man

has a courtly style, is stately to his equals, to his inferiors affable, and is considerate to all. His voice is deep, his speech deliberate, his movements unhurried. Honour he accepts as a tribute to the virtues that he represents: dishonour he despises as a thing that cannot justly be attached to himself. Changes of fortune neither elate nor depress him unduly: minor ills he never recounts. Wealth and possessions are valued for use: by means of them magnanimity may be made to include magnificence. A work of art would be purchased for its beauty, never for its price. Generosity is a joy to him, but display he detests. He despises humility, but insolence he abhors. Turning the other cheek or womanish indulgence in revenge would be equally contemptible to him; but retaliation is allowed, because resentment must never be harboured, a grudge is a great evil and sullenness one of the most troublesome vices.

But when we lift the mirror to the contemporary scene, it is not a smiling countryside with fair nurses and fine gentlemen that are in the foreground but a pair of giants, Capital and Labour, digging for gold. Too well these two know the struggles, frustrations, disappointments and resentments that go with the life of the gold-digger. The Puritan meantime has shrunk in importance; his heavenly bank-account is little considered, but its earthly counterpart is the ruling passion. The two giants are further embittered by mutual mistrust; and one of them in addition feels a deep grievance against a third party, the State.

Thrusting, toiling, wailing, moiling,
Frowning, preaching—such a riot!
Each with never-ceasing labour,
Whilst he thinks he cheats his neighbour,
Cheating his own soul of quiet.

Both the giants have ulcers, but not being identical, they have them in different places, Capital in the duodenum, Labour in the stomach itself. The physician notes with compunction many a good soul among their number, capable and sensible too, who ought to be enjoying the fruits of an easy disposition but is tormented instead. A moment's thought, however, reveals to us that it is a power of introspection that preserves us from taking up uncritically the tone of feeling or the habit of thought that prevail about us, whereas it is the unreflecting man who too readily adopts the hue of his surroundings. Therefore amongst ourselves ulceration ought to occur but rarely. It will be opportune also to mention a residuum of cases that probably cannot be traced to the frame of mind at all. Elsewhere for instance I have noted the gastrostaxis of girls, attributable to tight corsets; but though that has virtually disappeared, there may be other factors at present unknown. Even so, with all allowances made, it is to a world addicted to business that the peptic ulcer truly belongs.

Eradication of the disease would mean an ideal folk leading an ideal life. A return to the old rate of incidence would mean the re-awakening of wisdom, an event of which there is at present no sign. But the cure of an ulcer is usually an easy and an interesting thing to achieve; and when the disease obstinately recurs, the surgeon can make life tolerable once more, though a proportion of failures has to be faced. We ourselves are not without resources. Each one, if he have the wit, may formulate for himself a philosophy of life. We should, we *must*, repel inducements to assimilate ourselves to the commercial world; and this determination involves us in awareness of self and resistance to the power of suggestion. Finally, if our son should be a youth of intelligence and sensibility, we may have him taught the tongue in which the gods converse, Greek. Indeed, it is to our sons and our sons' sons that we owe these measures most. Along with the scholars, the scientists, the artists and the members of some other professions, we are now the torch-bearers of a high civilization.

Sixty Years Ago

From Guy's Hospital Gazette, 25th September, 1897

The *Guy's Hospital Gazette* . . . The publication takes place fortnightly on Saturdays, from the library of the hospital, where copies may be obtained by all members of the Clubs' Union and by immediate subscribers to the *Gazette*, and this issue only is specially enlarged to 56 pages. The first number was "launched" on 1st October, 1872, and the *Gazette* is thus entering on its twenty-sixth year of

existence. It was the first medical students' journal ever published in this country, or, for that matter, in any other, so far as can be ascertained. It ran an uninterrupted course until 1879—the last number appearing in November of that year, and was then suppressed, rather from excess of zeal than from lack of material. The present " new series " was inaugurated in 1887, and since that time it has continued to flourish without a break. The original *Gazette* was a two-leaf publication and only had a small circulation in the hospital itself. It has attained to the proportion of 32 pages and has a circulation of over 1,500, the greater part of course, amongst old Guy's men and nurses . . .

The columns of the *Gazette* are open to contributions from all students, old and new, and from past and present members of the nursing staff ; . . .

We would call their especial attention to the calendar of coming events, which is now published in every number. In order that this may be complete, secretaries of clubs and institutions are requested to furnish particulars of changes in, or additions to, their list of fixtures, not later than the Thursday morning of each week of publication.

Old Guy's men and nurses are asked to contribute matter of interest, whether technical or otherwise. Present students are requested to assist as suggested above ; to be zealous in the writing out of cases for publication, and if possessed of the great gift of shorthand, to offer their services to take down and transcribe one or more clinical lectures for the *Gazette* at any time.

The columns of the *Gazette* are also open to any reasonable correspondence concerning grievances, improvements, or facts of interest, the writer's name being requisite as a guarantee of good faith, if not for publication. All contributions must be deposited in the editor's box in the colonnade, or addressed to the editor by post by Wednesday in each week of issue.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Aetiology of Lung Cancer

SIR,—The *Gazette* of August 3rd has just reached me (why does trans-Atlantic surface mail frequently take as long as three weeks to reach its destination ?). Having read your remarks on the relation of smoking to lung cancer, I find myself sufficiently stimulated—perhaps that is what you wanted—to express strong disagreement with your views.

It seems remarkable to me that you should be so unimpressed by the great weight of evidence now available on this subject. You seem to be suggesting that it can all be waved aside with a few flippant remarks about elementary statistical fallacies, together with a reference to the ripe old age now being enjoyed by some of the world's more distinguished smokers. Mention of the latter has always seemed to me to be peculiarly pointless, since every survey has found that the *majority* of heavy smokers do *not* get lung cancer ; and, to my knowledge, no responsible person has ever claimed otherwise. The point is, of course, that the size of this majority is consistently found to be much smaller than the equivalent " non-smokers " majority. Several extensive investigations in various parts of the world have produced a very remarkable degree of agreement on this point. Then, there is the Medical Research Council's report which carefully compared the incidence of lung cancer among many thousand British doctors with a *previous* survey of their smoking habits. How do we explain their findings ? Are you asking us to believe that, for some mysterious reason, those of us who are one day destined to get lung cancer tend to crave for tobacco, while those not so destined are mostly content to do without ? Each of us is entitled to his own point of view, but we are surely now reaching a point when only the *very* heavy smoker with a very great personal fear of contracting lung cancer will cling to such an explanation, in preference to the infinitely more likely one now accepted (with obvious reluctance !) by the British Government.

In conclusion, since you quote a remark about " statistics " by one clinical lecturer at Guy's, you will not mind if I quote that of another—in this case a visiting authority on the subject. " I am only too well aware ", he said, in his opening sentence, " that a contempt for statistics is widely regarded as a sign of a robust personality ". Perhaps, Sir, you are one of those who subscribe to this belief.

But, if so, you are not—if I may say so—being as consistent as you might be. Later in the same *Passim* (August 3rd), you are apparently so impressed by a single—presumably statistical—report on the value of tranquillizers, that you feel happy to state, quite dogmatically, that " tranquillizers do not tranquillize after all ". Could it be that the writer of *Passim* believes only those statistics that he wants to believe ?

Yours etc.,

T. B. BREWIN.

Ontario Cancer Foundation,
Hamilton, Ontario.

SIR,—Dr. Sheaf's letter is of interest, in that one learns that Guy's Hospital was free of primary lung cancer in 1905, but in one respect it is deficient in that it is one-sided, for he does not discuss the possibility that lung cancer can be caused by other agents than tobacco. He sums up the situation by saying that tobacco is a major cause of the disease. Had he said that tobacco was an important contributory factor in its causation, I should have agreed with him, for one cannot disregard the figures which prove that smokers suffer from the disease more than non-smokers. I have hopes that Dr. Sheaf may alter his mind, for his ' major cause ' does suggest a mental reservation, concerning some minor contributory factor that he may have in mind. His bronchoscopic evidence is what one would expect, for the catarrhal appearance of the smoker's bronchus lining would naturally be different from that of a non-smoker, but that does not mean that it shows a pre-cancerous condition. His reference to the large number of nations furnishing statistics only shows that they are as perturbed as we are with the increased incidence of lung cancer, and they are probably, like us, densely populated, with their men and women addicted to smoking. I should like however to know whether there have been complaints from countries or islands where motor-cars have not yet penetrated; Sark, for instance, where I believe motor cars are prohibited.

I wrote in my first letter that it was unthinkable that tobacco, after more than 300 years of innocence should suddenly switch over from being a solace to becoming a scourge, with inevitable death in the background. I should have added a proviso, that no evidence has been forthcoming that tobacco growers and manufacturers have made any gross alteration in their culture of the plant, or technique in the manufacture of the finished article. Since writing this I have read of a suggestion that arsenical sprays have been used in the tobacco fields, but I do not know whether arsenic has any carcinogenetic tendencies. There may be, of course, some other potent sprays or powders in use. Barring these possibilities tobacco must be absolved from the stigma of being regarded as the originator of cancer, for nature never suddenly breaks her law of continuity, but only suffers those infinitesimal variations, which, in the long long run, spell evolution.

I believe that it is a fact that petroleum products have been proved to be the causal factor in the production of surface cancer after prolonged contact with the skin, and if this is so, and if it is reasonable to suppose that the waste products of their consumption may also contain cancer producing bodies, then it is evident that every dweller in any of our large towns, smoker or non-smoker is daily inhaling tainted air that may produce lung cancer in the long run. It may well be likely that the catarrhal bronchi of the smoker are more receptive of the cancer producing body than those of the non-smoker, thus accounting for the higher incidence of the disease in the former.

Yours etc.,

WILLIAM T. MILTON.

29, Westmount Road,
Eltham, S.E.9.

House Appointments at Guy's

SIR,—On reading in an obituary in the current *B.M.J.* this sentence, " It is a tribute to ——'s great personality and clinical ability that although he was not a prize-man, and achieved no particular academic success, he held no fewer than five resident posts at his teaching hospital ", I could not help contrasting it with your able and well-argued *Passim* in the last *Gazette*.

I held three resident posts at Guy's after being a Major in the R.A.M.C. with

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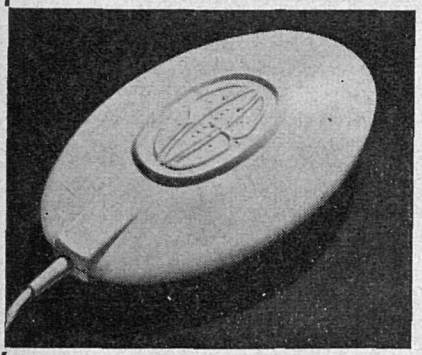

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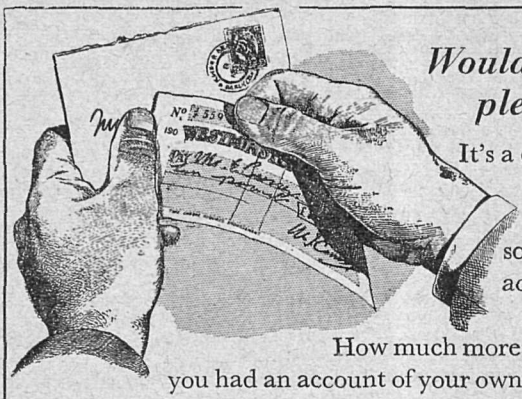

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Yours etc.,

Heathville Lodge,
London Road, Gloucester.

C. de W. GIBB.

SIR,—Having lived in the College for some eleven years, it does occur to me that rather than improve the present living quarters it might be advisable to house the Residents in doorless caves with furniture hewn from the rock.

Yours etc.,

The College,
Guy's Hospital, S.E.1.

JEAN E. BAILEY.

Mary Taylor

SIR,—The many students who have received such abundant kindnesses from Miss Mary Taylor, both at Parbury Road and more recently at 302, Devonshire Road, Honor Oak Park, where she now lives, will rejoice to know that she reaches her 80th birthday on Thursday, 10th October, 1957.

I saw her the other day and, in spite of being much incapacitated by an accident some months ago, she was her same gay and kindly self. She visits her beloved Guy's almost daily for physiotherapy.

I am quite sure that any old Guy's men, who had the advantage of being one of "her boys" during their student days, would give her much happiness if they could find time to drop her a line.

Yours etc.,

Royal Naval Barracks,
Chatham.

S. R. WALLIS,
Surgeon Commander (D).

A Grand Ball

SIR,—Through the courtesy of the *Gazette* I should like to draw the attention of your readers to a Grand Ball to be held at the Royal Festival Hall on Friday, 29th November, 1957, from 11 p.m. till 5 a.m. The cost of a double ticket will be £3.

The Ball Committee of the Clubs' Union Council, upon which Nurses, Physiotherapists and Radiographers are also represented, hopes that all sections of the Hospital community will give this Ball their whole-hearted support so that, if successful, it may well become an annual event.

Yours etc.,

C. J. ROWLAND,
Hon. Secretary,
Guy's Hospital Clubs' Union Ball Committee.

Sixty Years Ago

SIR,—I was very interested in the paragraph headed 'Sixty Years Ago', in your last issue of the *Guy's Gazette.*

In my young days at Guy's, 1892-1896, the dressers always used a Croft's splint for Potts and other lower limb fractures. The 'take in' dressers for the week used to accumulate all the fractures of the day, and then 'go a-crofting' about seven or eight p.m., finishing with an uproarious supper about eleven o'clock. It took about four of us to put these splints on, using strong traction all the time, and of course there were no X-rays in those days.

The procedure was long, and meant a lot of work, but the results were perfect; I don't ever remember blue toes, and there was no cutting with plaster shears at any time. By the way, you want heaps of mackintosh and gowns.

Yours etc.,

Norton St. Philip,
Nr. Bath, Somerset.

GEORGE C. DUNCAN.

SPORT

GUY'S HOSPITAL RUGBY FOOTBALL CLUB

FIXTURES 1957-1958

FIRST XV

Date		*Ground*	*Opponents*
1957			
September	21	H.O.P.	Catford Bridge
	28	H.O.P.	Blackheath
October	5	Portsmouth	United Services, Portsmouth
	12	Cambridge	Cambridge University
	19	H.O.P.	Bedford
	26	Sudbury	Wasps
November	2	H.O.P.	Old Blues
	9	Birkenhead	Birkenhead Park
	16	H.O.P.	Rosslyn Park
	23	Aberavon	Aberavon
	30	H.O.P.	Old Whitgiftians
December	4	Motspur Park	London University
	7	Coventry	Coventry
	11	H.O.P.	R.A.F. Trial XV
	14	Thames Ditton	Old Cranleighans
	21	H.O.P.	Llanelly
	28		
1958			
January	4	H.O.P.	Richmond
	11	Plymouth	Plymouth Albion
	13	Paignton	Paignton
	18	Twickenham	England *v.* Wales
	25	H.O.P.	Devonport Services
February	1	H.O.P. (11 a.m.)	Coventry
		Twickenham	England *v.* Australia
	8	Twickenham	England *v.* Ireland
	15	H.O.P.	Aberavon
	22	H.O.P.	Exeter
March	1	Richmond	London Welsh
		Paris	France *v.* England
	8	Nuneaton	Nuneaton
	15	H.O.P.	Gloucester
		Murrayfield	Scotland *v.* England
	22	Blackheath	London Irish
	29	H.O.P.	Old Merchant Taylors
April	5	EASTER	

RUGBY FOOTBALL

Guy's *v.* A "Guest" XV

At H.O.P., 7th September, 1957

Won 15—9

Although not an official fixture this first match of the season offered considerable interest to past and present Guy's men. The hospital team were at home to a "Guest XV," comprising a number of ex-Guy's men, and other players from noted London clubs, including Scotland International N. M. Campbell. The support was disappointing under the circumstances but spectators were entertained to an enjoyable afternoon's Rugby.

The visiting captain won the toss, and Guy's kicked off against a medium wind. After a short skirmish Carroll punted for touch and from the line out play proceeded rapidly into the Guy's 25. There were many dangerous moments in the first half as Phillips repeatedly broke through, using a variety of tactics and proving a difficult player to tackle. After 10 minutes J. V. V. Lewis gathered the ball from a loose maul, and went over the line near the corner flag to put the visitors three points ahead. Carroll failed the conversion from a difficult angle. From this point a little more of the play was in the visitors' half, and in the 17th minute Leyshon made an individual break to be obstructed on the line. The referee awarded a penalty try which was easily converted by Duff.

Throughout the first half however, the visitors pressed hard, and Guy's were unable to do more than kick for touch—a much improved feature of the hospital defence tactics, in which Hackett with long accurate punts was most prominent. Late in the first half, however, Bamber gathered the ball from a set scrum near the Guy's line, and was over near the left corner flag, for an unconverted try. Carroll later made the visitors' score up to nine points from a penalty kick awarded for an offside infringement.

In the second half, the adherence of the Guy's team to this year's training schedule made itself commendably evident—their lighter pack at last got the better of the visiting forwards—and the hitherto sluggish heeling improved immensely, although the visitors still maintained a series of forward rushes in which Lewis and Richards were prominent. The Guy's halves and three-quarters were co-ordinating well with regard to passing, but throughout the game these movements were rarely effective. Lack of a planned break-through was only too evident. The game was taking place on the narrow pitch, and this

no doubt to some extent accounted for the infrequent passing to the wing three-quarters, who nevertheless used very well the few opportunities they were given. Evans' cross-kicking on more than one occasion nearly led to a try. Both Blackwell (for the guests) and Buirski were covering well, and it is heartening to know that the former is shortly to join the hospital.

The visitors did not lose their thrust completely in the second half, however, and only a knock-on near the posts prevented a possible try after two minutes. Campbell was moving swiftly and occasional flashes of his obvious talent caused much concern in the Guy's 25. In a line out on the 25 yard line, however, Glendinning gathered the ball and passed to Phelps, who with an inside pass sent Buirski over to score a beautiful try between the posts, which Duff converted. From this point Guy's were the better team and after thirty minutes, Phelps took the ball from a set scrum, passed to Hackett, from whom Evans took an inside pass and made a spirited run to touch down five yards from the right corner flag. Duff again converted to put Guy's six points ahead.

Teams :

Guy's—J. K. Duff; C. E. Evans, R. T. Hawley, M. Lindsay, J. Leyshon; G. W. Hackett, L. Phelps; J. S. Van den Berg, M. A. H. Russell, D. M. Smith, J. B. Gritton, S. A. R. Cooke, J. Sales, A. Buirski, N. W. Glendinning.

Guest XV—J. D. Carroll (Guy's); F. Snow (Aldershot Services), M. A. Byrne (London Irish), R. M. Phillips (St. Bart's Hospital and Surrey), G. Edwards (Guy's); J. T. Bamber (London Irish), N. M. Campbell (London Scottish and Scotland); D. K. Fairweather, A. A. Craiger, D. J. Richards (Guy's), R. Bolt, B. J. McHattie (Blackheath), D. Lillicrap (Guy's), N. W. Blackwell (Cambridge U. LX Club), J. V. V. Lewis.

CRICKET

The Cup Final

The Inter-Hospitals Cricket Cup Final was played on the St. Mary's Ground at Teddington, on the 29th, 30th and 31st July, Guy's beating Bart's by 8 wickets.

On winning the toss Guy's got off to a rapid, if somewhat edgy, start. However, as the stand progressed, both batsmen became more sure in their stroke making, the 100 going up in 80 minutes and the stand eventually ending at 118, when Tuddenham pulled a full toss into his stumps. Lunch was taken with the score 130—1. Almost immediately afterwards Pagliero was caught in the slips. Morgan and Elsdon-Dew added a further 37 before both were out to rash strokes and with Drury leaving 8 runs later, half the side were out for 209. Lam helped Dyde add a further 33 runs and then Eustace, whose cutting and glancing were of a high standard, had part in a further stand of 55. Dyde, who had just passed his 50, then took full control and with Bury batting unselfishly added 43 runs before Morgan declared. Dyde completed a chanceless century in 2 hours 20 minutes, hitting 11 fours. Bart's had one hour's batting in the evening and just when it appeared that they would successfully play out time, Bury bowled Pagan round his legs.

Guy's immediately took two quick wickets on the second morning but then Whitworth and Mitchell, the nightwatchman, took the score to 97 before Whitworth was brilliantly caught at extra cover by Clark. After lunch the later Bart's batsmen fell rapidly to the new ball and were all out for 148, Dyde taking 6—40.

Bart's, following on 198 behind, made a rapid start against a somewhat tired attack, though Drury managed to extract some life from the wicket and with the total 40 had both the opening batsmen caught at slip. Whitworth and Juniper then added a further 87 in 2 hours before the latter was bowled by Bury. The Guy's fielding had been excellent and was greatly responsible for limiting the rate of scoring.

Bart's started the 3rd day needing 59 to avoid the innings defeat. At lunch, after two hours, they were almost level and had only lost one further wicket, that of Marks, caught by Lane, who was fielding substitute. After lunch, Elsdon-Dew, using the new ball, earned a well-deserved wicket thanks to a magnificent left-handed catch in the gully by Bury. At 238 for 5 Dyde took over from Elsdon-Dew and aided by Morgan, who had been bowling aggressively, and with little luck the course of the game changed. Dyde sent back Whitworth and Richards in 4 balls and Morgan removed Abell and Pilkington, 4 wickets falling for 5 runs. The last pair, aided by two lucky escapes, added a further 23 before Dyde deservedly took the last wicket.

For Bart's Whitworth batted patiently for five hours. He was tied down for long periods by Dyde and Banks, backed up with tight fielding, but his was a gallant innings and thoroughly deserved a 100. For Guy's Dyde bowled far better than in the 1st innings but for lesser reward and received good support from the other bowlers. The fielding was remarkably good, particularly as Guy's had fielded for two whole days, Lam keeping wicket beautifully throughout.

Needing but 70 to win, Guy's lost two wickets before Dyde finished the game with a towering six over long-off.

The game was played in excellent weather throughout and on a wicket perfect enough for first-class cricket.

Guy's—First Innings.

K. M. Pagliero, c. Juniper, b. Garrod	66
H. M. Tuddenham, b. Whitworth	68
M. N. Morgan, c. Stark, b. Juniper	25
R. W. Elsdon-Dew, b. Mackenzie	22
J. A. Dyde, not out	104
P. M. E. Drury, b. Whitworth	6
S. J. S. Lam, c. Richards, b. Juniper	6
J. D. Eustace, c. Richards, b. Whitworth	27
T. J. H. Clark, b. Whitworth	1
R. G. Bury, not out	6
P. Banks did not bat.	
Extras	15
Total for 8 wickets declared	346

Bowling	O.	M.	R.	W.
Garrod	25	2	76	1
Mackenzie	25	4	92	1
Whitworth	29	2	112	4
Mitchell	3	0	14	0
Juniper	8	1	37	2

Bart's—First Innings.

J. E. Stark, c. Drury, b. Dyde	25
W. H. Pagan, b. Bury	9
R. J. Mitchell, c. Tuddenham, b. Morgan	25
C. Juniper, b. Dyde	0
A. Whitworth, c. Clark, b. Bury	25
A. P. Marks, c. Eustace, b. Dyde	20
D. Abell, b. Morgan	3
B. Richards, c. Morgan, b. Dyde	1
R. Pilkington, c. Morgan, b. Dyde	15
J. C. Mackenzie, b. Dyde	2
A. Garrod, not out	1
Extras	22
Total for 10 wickets	148

Bowling	O.	M.	R.	W.
Morgan	34	16	39	2
Dyde	28	12	40	6
Drury	4	0	18	0
Bury	9	7	4	2
Banks	5	3	8	0
Clark	5	1	17	0

Bart's—Second Innings.

J. E. Stark, c. Morgan, b. Drury	28
W. H. Pagan, c. Pagliero, b. Drury	12
C. Juniper, b. Bury	32
A. Whitworth, c. Lam, b. Dyde	96
A. P. Marks, c. sub., b. Banks	44
R. J. Mitchell, c. Bury, b. Elsdon-Dew	9
D. Abell, lbw, b. Morgan	3

B. Richards, lbw, b. Dyde	0
R. Pilkington, c. Clark, b. Morgan	3
J. C. Mackenzie, not out	20
A. Garrod, b. Dyde	4
Extras	17
Total for 10 wickets	268

Bowling	O.	M.	R.	W.
Morgan	26	7	47	2
Dyde	39.4	20	67	3
Drury	16	3	41	2
Bury	10	2	44	1
Banks	16	8	20	1
Elsdon-Dew	14	3	31	1

Guy's—Second Innings.

K. M. Pagliero, not out	23
H. M. Tuddenham, c. Stark, b. Garrod	9
R. W. Elsdon-Dew, c. Whitworth, b. Stark	28
J. A. Dyde, not out	9
Extras	3
Total for 2 wickets	72

Bowling	O.	M.	R.	W.
Garrod	8	2	20	1
McKenzie	9	2	27	0
Whitworth	2	2	0	0
Pilkington	2	0	11	0
Stark	1.3	0	11	1

CRICKET TOUR

Played 4, Won 2, Lost 1, Drawn 1.

The tour began on Friday, 2nd August, with the match against Basingstoke. Guy's, batting first, made a useful start, but the score deteriorated to 96 for 6, with Morgan, who alone looked really comfortable, out. The Basingstoke captain then rested his regular bowlers and Guy's totalled 149. There were some wagers in the Basingstoke camp that the home side would not lose a wicket, but in fact they lost one straight away. A competent second-wicket partnership, however, held up Guy's for some time, Harrison, who has played for Hampshire, making a neat 50. With half-an-hour to go, Basingstoke required 45 to win, but Morgan and Dyde, who bowled a magnificently sustained unchanged spell, redoubled their efforts, and Basingstoke lost five wickets quickly, eventually finishing 16 short of their target. Afterwards, the team enjoyed the delightful hospitality of Dr. and Mrs. Williams, to whom we are extremely grateful. It was a reluctant party which left Basingstoke to drive back to Bognor, and an even more reluctant garage proprietor in a remote part of Sussex who got up to replenish one of the cars in the small hours of the morning.

There was no official match on Saturday, but five members of the team went off to play for Rev. P. Gillingham's XI on the delightful ground at Bedales School. J. P. Lee-Potter distinguished himself with an innings of 73 not out.

On Sunday Guy's played Bognor. In spite of, or perhaps because of, a previous late night, Guy's made an excellent start. Tuddenham and Clark, then Tuddenham and Drury, had useful partnerships, and at lunch the score was 115 for 2. After lunch a hangover seemed to descend on the batting and seven wickets fell very cheaply, though Banks made his highest score for Guy's with one delicate stroke through the slips. Morgan gave his average a small boost by contriving a not out at No. 11, his first of the season. When Bognor batted, Guy's got amongst the wickets as soon as the opening pair had been separated. Morgan and Dyde avowed their intentions of taking little part in the bowling, and Clark seized his opportunity, taking 6 wickets with well-flighted leg-breaks and googlies. Banks gave good support from the other end. Dyde took the last wicket with an almost rectangular googly. Bognor most hospitably made us honorary members of their new bar.

On Bank Holiday we journeyed to Gosport to meet H.M.S. *Dolphin*. We got involved in the Gosport Carnival and arrived half-an-hour late; H.M.S. *Dolphin* batted and declared with six wickets down, leaving Guy's to get 146 at about 75 an hour. The versatile Eustace emerged as a bowler, taking 3 for 35. We forgot to ask him, but we think he was bowling off-breaks. With a rapid opening partnership of 59, the position appeared satisfactory, but a series of amazing umpiring decisions meant that Guy's finished 13 short. Bury, opening for Guy's for the first time, covered himself with distinction by carrying his bat for 67. The weather, which had been glorious all along, failed for the first time and the evening was dull and cold.

The Cuckfield match was extra, kindly arranged by Tony Cahill, himself a Guy's cricketer of a few years ago. Guy's batted first, but the early batting, apart from Morgan, failed. However, the tail of Clark, Lane, Lee-Potter and Norman, wagged most effectively, Norman breaking one of the Club bats in making a crashing straight drive. Guy's lunched rather well, and the opening attack at first could make little impression. Indeed, one of Drury's deliveries landed at the feet of an astonished cover-point. Later, Guy's reasserted themselves and Cuckfield were dismissed for 80, Drury and Morgan taking the wickets. Cahill batted with supreme confidence against his old club and was top scorer with 28.

The wicket-keeping duties were capably shared by Lam and Norman. No account of the tour would be complete without mention of Cooper, who contrived to score accurately in spite of his view being blocked with bottles and tankards. Some of the team stayed at Thatchings, others at the Aldwick Guest House, and others camped out in Sussex somewhere. Guy's occasionally turned out a sober side and the results were a complete surprise.

Guy's *v.* Basingstoke

Played at Basingstoke, 2nd August, 1957
Result—Drawn

Guy's

H. M. Tuddenham, lbw., b. Sylvester	18
J. D. Eustace, st. Dance, b. Whitburn	15
M. N. Morgan, b. Whitburn	34
P. M. E. Drury, st. Dance, b. Jewell	14
J. A. Dyde, st. Dance, b. Jewell	2
S. J. S. Lam, c. Smith, b. Jewell	2
R. G. Bury, b. Sylvester	23
T. J. H. Clark, run out	9
J. P. Lee-Potter, lbw, b. Harrison	7
J. R. Norman, b. French	10
P. Banks, not out	0
Extras	15
Total for 10 wickets	149
Basingstoke, for 6 wickets	134

Bowling	O.	M.	R.	W.
Morgan	17	1	54	4
Dyde	16	2	69	2

Guy's *v.* Bognor

Played at Bognor, 4th August, 1957
Result—Won by 29 runs.

Guy's

H. M. Tuddenham, b. Weller	55
T. J. H. Clark, c. Downie, b. Quilter	15
P. M. E. Drury, lbw, b. Weller	39
S. J. S. Lam, c. Pritchard, b. Ursell	5
J. P. Lee-Potter, b. Weller	1
R. G. Bury, b. Ursell	0
J. R. Norman, b. Ursell	0
P. Banks, b. Ursell	3
J. D. Eustace, st. Downie, b. Barrat	25
J. A. Dyde, run out	2
M. N. Morgan, not out	9
Total for 10 wickets	154
Bognor, for 10 wickets	129

Bowling	O.	M.	R.	W.
Morgan	7	3	13	0
Drury	5	1	15	0
Banks	12	2	30	3
Lam	2	0	17	0
Clark	14	3	42	6
Bury	5	2	5	0
Dyde	0.2	0	0	1

Guy's *v.* H.M.S. Dolphin

Played at Gosport, 5th August, 1957
Result—Lost by 12 runs

H.M.S. *Dolphin*, for 6 wickets, declared .. 145

Bowling	O.	M.	R.	W.
Dyde	7	3	30	1
Morgan	8	2	23	2
Drury	5	0	19	0
Eustace	7	0	35	3
Lee-Potter	2	0	10	0
Clark	2	0	18	0
Banks	1	0	8	0

Guy's

R. G. Bury, not out	67
H. M. Tuddenham, c. Cox, b. Ayres ..	30
J. A. Dyde, c. Fortescue, b. Selby ..	6
S. J. S. Lam, c. sub., b. Selby ..	7
M. N. Morgan, c. Hamlie, b. Ayres ..	6
P. M. E. Drury, b. Selby	7
J. P. Lee-Potter, run out	2
J. D. Eustace, c. Hamlie, b. Ayres ..	0
T. J. H. Clark, c. Probie, b. Ayres ..	1
P. Banks, run out	1
J. R. Norman, lbw, b. Ayres	2
Extras	4
Total for 10 wickets	133

Guy's *v.* Cuckfield

Played at Cuckfield, 8th August, 1957

Guy's

H. M. Tuddenham, b. Peacock	0
R. G. Bury, b. Peacock	11
M. N. Morgan, c. Longfield, b. Ralph ..	43
P. M. E. Drury, c. and b. Ralph	7
K. Mackenzie, c. Martin, b. Eyres ..	6
J. D. Eustace, c. Mance, b. Eyres	1
B. A. Ross, b. Ralph	1
T. J. H. Clark, b. Peacock	15
J. Lane, b. Mance	15
J. P. Lee-Potter, b. Barron	20
J. R. Norman, not out	14
Extras	6
Total for 10 wickets	139

Cuckfield, for 10 wickets 80

Bowling	O.	M.	R.	W.
Morgan	15	3	28	3
Drury	12.4	4	25	6
Bury	2	0	13	0
Eustace	1	0	4	0

AVERAGES

Batting	*Innings*	*Not Outs*	*Runs*	*Highest*	*Average*
Dyde	18	3	653	104*	43.5
Pagliero	23	7	683	71*	42.7
Elsdon-Dew ..	17	2	564	103	37.4
Morgan	19	1	544	107	30.2
Tuddenham ..	26	1	561	68	22.4
Drury	22	5	323	45	19.0
Bury	15	4	164	67*	14.8
Eustace	16	1	191	34	12.7
Lam	17	1	170	41*	10.5
Clark	18	1	124	34	7.3
Banks	7	2	6	3	1.2

Bowling	*Overs*	*Maidens*	*Runs*	*Wickets*	*Average*
Morgan ..	319.3	92	640	67	9.5
Dyde	291.4	105	698	57	12.3
Banks	99.4	23	290	23	12.6
Clark	60.4	6	257	18	14.3
Bury	55	15	183	9	20.3
Drury	125.2	23	467	21	22.2

Fielding

Lam (13 c., 1 st.)	14	Drury ..	6
Morgan ..	13	Dyde ..	5
Eustace (8c. ,1 st.)	9	Tuddenham	4
Bury	7	Elsdon-Dew	2
Clark	7	Banks ..	1
Pagliero ..	6		

Results: Played 28, Won 13, Lost 6, Drawn 6, Abandoned 3.

SAILING CLUB

Annual Regatta

A number of students attended the Sailing Club's Annual Regatta, at Burnham-on-Crouch, for three days from Wednesday, 14th August. Most of them arrived on Tuesday evening hoping for fine weather. Wednesday morning was sunny enough to encourage four hardy individuals to go for a sail before breakfast, but soon the sky clouded over. A fresh breeze was encouraging, however, and three boats were rigged for a sail before lunch. This was a bit disorganized by lack of experience with the boats, and with the fast current. After lunch new arrivals were fitted into the parties, and everyone had an enjoyable sail. On Thursday morning an expedition was organized at 6 a.m. for another sail before breakfast, and this was the only sail in the club boats that day, because the wind became too strong. Fortunately, we were able to borrow the keel boats *Corella* and *Corindelle* from the Royal Corinthian Yacht Club, and everyone had lunch at Paglesham, about 5 miles away. By the time we had returned to Burnham nearly everyone was soaked to the skin, but happy after the long beat up the Crouch. In the evening we were invited to a dance in the R.C.Y.C. On Friday, races were organized for the Ogilvie Cup, but only two of four races were completed because the freshening wind caused cancellations. We congratulate M. Coe and M. Lake on winning their heats.

On Friday evening a very enjoyable Dinner was held in " The Ship " which made the finale for the regatta. We would like to give our thanks to John Barker for organizing such a successful three days.

FENCING CLUB

The Club has had a good year, especially the Epée section which has continued its triumphant progress. The membership has increased, and the Ladies' team is at last under way.

The following matches were played during the year :

(1) *v.* University College—Lost 9—18.
(2) *v.* Old Merchant Taylors—Lost10—17.
(3) *v.* St. Bartholomew's Hospital—Won 19—8
(4) *v.* St. Mary's Hospital—Won 18—9.
(5) *v.* Bexleyheath (i) Won 14—13.
(ii) Won 18—9.
(iii) Won 12—6.
(6) *v.* London Hospital—Lost 4—14.
(7) *v.* St. Thomas' Hospital (i) Drawn 9—9.
(ii) Won 14—4.
(8) *v.* Eton College—Lost 7-20.
(9) *v.* King's College London—Won 16—11.
(10) *v.* Royal Vet. College—Lost 11—14.
(11) Ladies' team *v.* Bexleyheath—Lost 3—13.

Therefore the men's team analysis is :

Played	13	Drawn	1
Won	7	Lost	5

The Foil team reached the semi-final of the Inter-Hospital Cup, to be beaten by St. Thomas's Hospital. The Club has presented an Epée Cup for Inter-Hospital Competition and it is hoped that the first contest for it will take place next year.

The captain of the club, K. Wade, has won the University Individual Epée for the second year, and has fenced regularly for the University, gaining a half purple. G. Peachey has also fenced for the University.

At the last Annual General Meeting of the University Fencing Club, G. Peachey was elected Assistant Secretary.

HOSPITAL INFORMATION

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Joseph Strickland Goodall Lecture

On Thursday, 10th October, at 5.30 p.m., in the Apothecaries Hall, Black Friars Lane, E.C.4, Dr. Maurice Campbell will deliver the Joseph Strickland Goodall lecture. His subject will be "The Results of Surgical Treatment in Congenital Heart Disease."

NURSING NEWS

Left : Sister L. Williams.
Charge Midwife M. MacDonald.

Entered : Sister M. Everitt to *York Clinic.*
Male Staff Nurse Mr. Forrest to *York Clinic.*
S/N S. Philpott to *Nuffield D.*
S/N J. Mann to *Theatres.*
S/N J. Mogridge to *New Cross.*
S/N S. Blackden to *Evelina.*

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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Fry, I. Kelsey and Wright, P. H. The Action of Hypoglycæmic Sulphonylureas on Carbohydrate Metabolism in the Fasted Rat. *Brit. J. Pharmacol.*, 1957, **12**, 350.

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Harrison, D. F. N. Familial Hæmorrhagic Telangiectases. A Survey of a Series of Cases Treated by Oestrogen Therapy. *J. Laryng.*, 1957, **71**, 577.

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BIRTHS

CULLINAN.—On 25th September, 1957, at St. Bartholomew's Hospital to Tigger, wife of Tim Cullinan, M.B., B.Ch., a son (Timothy Paul).

FINCHAM.—On 17th September, 1957, at Pembury to Elizabeth Fincham, M.B., B.S., wife of Dr. Paul Fincham, a son (Kenneth Charles), a brother for Anthony and Pauline.

GRIFFITHS.—On 23rd August, 1957, at Chiswick Maternity Hospital to Helen (née Partridge), wife of Dr. Anthony Griffiths, a son (John Anthony).

LARGE.—On 14th August 1957 in Durban to Susan (née May) wife of Paul Large M.S., F.R.C.S., a daughter (Susanna Jane), a sister for Peter.

LYNE.—On 12th September, 1957, to Rosemary (née Henderson, M.S.R.), wife of Peter Lyne, M.B., B.Chir., a son (Jonathan Peter), a brother for Alison.

MARTIN.—On 18th September, 1957, at Guy's Hospital to Margaret (née Whitehead, S.R.N.) wife of Patrick Martin, a son (Peter Patrick).

MORGAN.—On 24th August, 1957, at Princess Margaret Hospital, Nassau, Bahamas, to Shelley (née Lloyd, S.R.N.), wife of Richard C. Morgan, M.R.C.S., L.R.C.P., a son (Guy Richard).

MARRIAGE

SHARPLES—COKER.—On 21st September, 1957, at St. Mary the Virgin, Letchworth, Herts., Norwyn Sharples, B.D.S., L.D.S. R.C.S., to Jacqueline Mary Coker, L.D.S. R.C.S.

DEATH

SAUL.—On 27th August, 1957, Alex Linford Saul, M.R.C.S., L.D.S.R.C.S., of 8, 9, 10, Saambou Buildings, Andries Street, Pretoria, S. Africa, aged 70.

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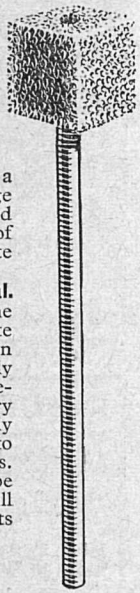

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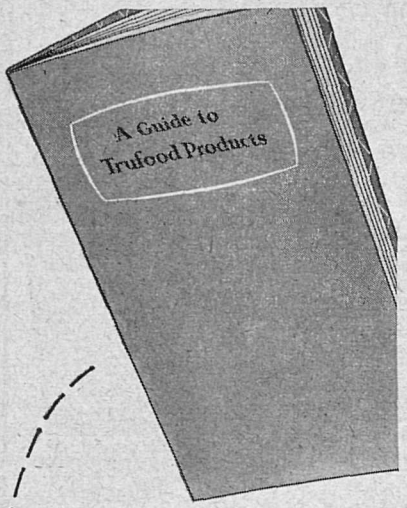

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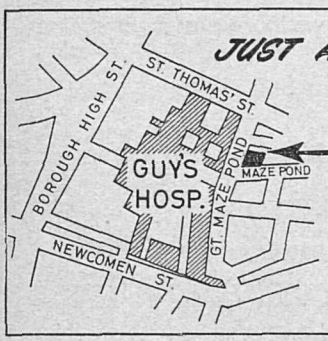

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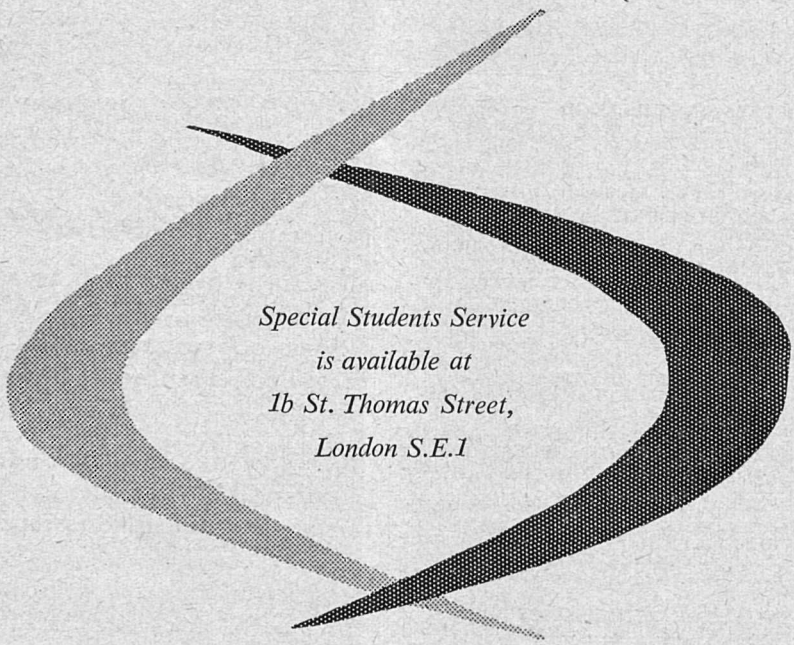

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1806 12*th October* 1957 *One Shilling*

PASSIM

As usual at this time of year we welcome to Guy's some 200 new students. It is encouraging that though there exist some doubts and dissatisfactions in the profession today, the entry to Medical Schools shows no sign of falling off ; indeed, it might be argued that it is too large. Nevertheless, to those who have just arrived at Guy's, whether from school or university, this is a significant time in their lives, and their future and the future of Guy's will be closely associated. Many of them will be among the first to enter the wards of the new Guy's when it is completed in three years time. When the strangeness of a new establishment has worn off, we hope that they will settle down well and appreciate the advantages that Guy's offers to its students. Guy's has a reputation that is well-known and needs no advertisement.

If we have any exhortation in particular for them, it is that they should take the fullest possible part in all Hospital activities. It is very easy to slip away when the day's work is done and travel back to some Victorian digs, and there do nothing in particular until it is time to come into Hospital the next day. It is not our function to make suggestions about their work ; these have without a doubt already been made by parents and lecturers. We would like to point out to them the other side of the Hospital life, indeed of any collegiate life, which deserves their attention and depends on their support. In the sporting field the Hospital has a magnificent record in inter-Hospital activities and it is a pity if anybody denies their talents to the Hospital by playing their games elsewhere. Those who have been to the Debating Society and Theatre Club productions will testify to the great satisfaction and enjoyment contained in them. It is our impression that the musical activities in the Hospital are not quite so prominent as they might be ; there are indeed weekly gramophone recitals, but the Orchestra makes all too rare appearances, and recitals of piano and chamber music seem to be non-existent. It is inconceivable that among such numbers of people that there should be a dearth of musical talent. In the religious sphere, the Christian Union and the Catholic Society are active organizations. The new intake is unique in one sense ; they are the first to enjoy from the start the facilities of a fully-equipped Students' Club, whether for quiet relaxation, Clubs and Society meetings, or dancing. In this connection we might mention the enterprise of the Clubs' Union in organizing a Grand Ball at the Festival Hall towards the end of November, which deserves to be a success.

Here are a few suggestions and opportunities for the new student

to lead a full life at Guy's. In welcoming once again a new generation of students we express the hope that they will become good doctors and dentists, which after all is their primary aim in coming here ; and at the same time, we hope that their interests will not be purely scientific, and that they will find a means to develop their inclinations and personalities, so that Guy's and themselves may mutually benefit.

We would like to draw attention to the letter from the Superintendent on page 404. There must be many Guy's men and women with imaginative suggestions for naming the new Surgical Block, and we would be very interested to receive and publish these suggestions. There has, incidentally, been a great demand for the *Gazette* of 14th September containing the article " The Rebuilding of Guy's ". Reprints of this article may be obtained from the *Gazette* Office, 16, St. Thomas's Street, S.E.1, price 6d. each.

The Duchess of Norfolk paid the School of Nursing a great honour by coming to present the prizes and medals on 25th September. Owing to lack of space, we shall have to hold over an account of the proceedings and a list of prize winners until the next issue, but we would like to offer our congratulations to the successful nurses.

The Front Surgery is indeed a versatile department. We understand that one of their recent grateful patients was a monkey who had inadvertently swallowed some sleeping tablets, and on the following evening a dog belonging to a distinguished member of the Hospital staff received appropriate treatment for an abscess. These were two very humane deeds, though the Front Surgery staff would probably not like a precedent to be created. The sight of queues of suffering animals might be regarded with mixed feelings, to say the least, in an already busy department.

A vote of thanks is due to the aerial signwriters who brightened our Wednesday afternoon. Those who looked skywards on that day last week will have seen something which looked suspiciously like the figure of a man enjoying a cigar. This was a truly cosmopolitan affair, for it is believed that an ex-Battle of Britain pilot was flying a German plane and advertising for a Dutch company.

Sixty Years Ago

From Guy's Hospital Gazette, 9th October, 1897.

Once more the dissecting-room teems with student life. The bare, deserted room of a fortnight since is now thronged with the ever new, yet ever characteristic junior men. There is the bright-faced inexperienced fresher, smoking a bright yellow inexperienced pipe, wandering aimlessly here and there, trying to appear as if he liked the situation, and hardly realising his importance as a genuine Guy's man, and possibly a budding College examiner. And then there is the second year's man, who is greeted by his friends by, perchance, some endearing epithet, to the admiration, and, be it confessed, the envy of the tyro, who wonders whether his own qualities are such as to merit a like distinction in years to come. And through the throng is seen the Anatomy-bored, Physiology-stricken face of the " gentleman senior to his second year," for whom the dissecting-room has long since lost its glamour, remaining only as a haunting reminder of that ill-fated building on the Embankment, guarded by its savage, truculent Commissionaires,

GUY'S DIARY

OCTOBER			Exhibition. Department of Surgery. *Hæmatemesis.*
14th	M	1.00	Dr. A. S. Grimble. Clinical Lecture. *History and Natural History of Syphilis.*
		4.30	Dr. P. M. F. Bishop. Endocrine Demonstration. *Hypopituitarism.* Preclinical classroom.
15th	T	1.00	Dr. P. R. Evans. Clinical Lecture. *Arthritis in Childhood.*
17th	Th	1.00	Mr. S. H. Wass. Clinical Lecture.
		4.30	Physiological Society. Mr. E. S. Kerr. *The Thyroid Gland in Health and Disease.*
18th	F	1.00	Dr. Charles Baker. Clinical Lecture. *Heart Sounds.*
19th	S		Rugby 1st XV v. Bedford (H.O.P.).
21st	M	1.00	Dr. W. S. McConnell. Clinical Lecture. *Premedication for Children.*
		4.30	Dr. P. M. F. Bishop. Endocrine Demonstration. *Acromegaly.* Preclinical classroom.
22nd	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture.
24th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
		4.30	Physiological Society. Mr. A. Graham. *Fluorination of Water.*
25th	F	1.00	Dr. J. C. Houston. Clinical Lecture. *Hazards in the Treatment of Peptic Ulcer.*
26th	S		Rugby 1st XV v. Wasps (Sudbury).

NOTICES

PUPIL'S PHYSICAL SOCIETY

The Annual General Meeting of the Physical Society will be held in Classroom 1, on Thursday, 17th October, at 1 p.m.

M. H. LESSOF,
N. H. PORTER,
Joint Secretaries.

ART SOCIETY MEETING

There will be a meeting of the Art Society on Thursday, 24th October, at 5.0 p.m., in the Dental Theatre, when Mr. L. Daniels, Principal of the Camberwell School of Art will give an illustrated talk on :

"*Perception and Individuality ! A discussion of the painting of Rembrandt, Monet and others.*"

PHOTOGRAPHIC SOCIETY

The next meeting of the Society will be held on Tuesday, 15th October, at 5.30 p.m., in the Anatomy Theatre. The celebrated Fleet Street photographer, Mr. Lancelot Vining, F.R.P.S., F.I.B.P., will give an illustrated lecture on miniature camera techniques (including flash). All members of the Hospital are cordially invited.

Use of Dark Room

On and after 1st November, society membership cards *must* be produced before members can be allowed to use the darkroom in the Nurses' Home. These cards are available from Mr. D. A. Sabel (Dental School), and Mr. M. H. Gregory (Dept. of Biology, Medical School).

GUY'S MEN IN EAST KENT

A reunion dinner of Guy's dental men practicing in East Kent was attended by a large number of practitioners from a wide area. The chair was taken by Mr. Ingram of Margate. The toast of Guy's Hospital was proposed by Col. George Garnett Ellis, T.D., M.A., of Folkestone. Responding for the hospital Mr. Doubleday reminded the company that when John Keats qualified from Guy's he at once went for a holiday in the Isle of Thanet and returned there a year later. Quotations from the letters which he wrote at this time and examples of the influence which it had on his poetry were given. A very enjoyable evening was spent.

THE DENTAL BALL

The Dental Ball is being held this year at the Savoy Hotel on 31st October, next. This is on a Thursday evening (Hallowe'en), which was the nearest we could get to the traditional Friday evening, due to lack of vacancies in the booking lists of all the leading hotels.

Rather than forego this exceedingly popular and longstanding annual function the above date was decided upon.

It is hoped that Guy's men will support this move, and will help make this year's Ball as enjoyable as those of recent years. Every effort is being made to return to and to maintain Friday evening bookings in future years.

Details are as follows :—

Date and Venue as above.
Time : 8 p.m.—2 a.m. Dinner at 9 p.m.
Orchestra : Arthur Salisbury. Cabaret.
Dress : Evening Dress.
Double Tickets : 4 guineas. Students : 3 guineas.

Tickets may be obtained and tables reserved by contacting C. E. Evans at Guy's.

MISS YVONNE ARNAUD will open a Sale of Work in aid of funds for The South Eastern Branch of The Royal College of Nursing in The Nurses' Home, Guy's Hospital, S.E.1, on FRIDAY, 18th October, at 2.30 p.m. A very cordial invitation is extended to all, please come and support this very worthy cause.

Stalls will include:

Cosmetics	Household Articles	Produce
Confectionery		White Elephant
Tiny Tots Corner	Sideshows	Fancy Goods
Tombola	Teas	Palmist

Eighty Years Ago

From Guy's Hospital Gazette, October, 1877.

WOMEN MEDICAL MEN AND THE LONDON UNIVERSITY

to the Editor.

Dear Sir,

This appears a seasonable time—the commencement of Winter Session—to direct the attention of members of the above university to the fact of the Senate lately over-ruling Convocation on the above subject. That one part of the governing body should over-rule the other is certainly lamentable in the extreme. "A house divided against itself, falleth ;" therefore, if this be the case, we cannot expect a university such as the above to prosper.

My only hope is that members of the Senate, knowing the importance of such a subject, and the seriousness of contending with members of Convocation, have well weighed the matter in every view, and not given their vote casually. I will not say they have allowed popular clamour to carry them in their decision, which means, that they have voted for women merely because some of their best patients wish their daughters to depart from their proper vocation.

It appears to me that such an important subject as the above should be discussed, not merely by members of the Senate and Convocation, but also by other members of the University, undergraduates though many of them be.

To argue that one is jealous of the fair sex is simply preposterous. What would housewives say, I wonder, if we took to managing household matters, except to aid them by a second opinion ? No ! a place for everyone, and everyone in his (or her) place. Our dissecting-room, though a model in itself, is certainly not the place for a lady.

I fear, Sir, I am trespassing to too great a length on your valuable space, my object in writing this letter not being to discuss our relative positions, but to inform undergraduates, both of Guy's and any other hospital, that I shall be happy to

see any and talk over with them the desirability of petitioning the Senate on the above subject.

I am, Sir,
Yours faithfully,
Herbert L. Manby.

HORACE WALPOLE'S QUINSY

By T. B. LAYTON, *D.S.O.*, M.S.

PART I

"A KIND OF QUINSY"

PREFIXED to Horace Walpole's Letters in Mrs. Paget Toynbee's Edition are "Short notes of my Life" written in 1779 when he was 62 years old and had another eighteen years to live. From these we learn that on March 30th 1739 he set out on his travels with his friend Mr. Thomas Gray, who was to become a poet, and after various travellings and sojournings they arrived at Reggio in 1741 on some day before May 10th (Walpole's *Letters*, Mrs. Paget Toynbee's edition, No. 40 1741). Here, we read, "I fell ill at Reggio of a kind of quinsy, and was given over for five hours, escaping with great difficulty".

This is not the Reggio in the toe of Italy through which so many of the younger —now middle-ageing—passed from Sicily in the last great war. Walpole and Gray had "passed through Reggio without stopping" eighteen months before (Gray's *Letters*, No. 76—Note 3 Paget Toynbee &Leonard Whitley's edition). It lies on the great Roman road that runs from Piacenza to the sea at Rimini and is slightly beyond the half-way point between Parma and Modena (*Times Atlas*, 1956 edit., Vol. IV, Plate 79). They had gone there for the Fair. In 1856 it was still the capital of a small duchy of the same name, belonging to the duchy of Modena. Its trade was trifling, but it had some in cattle and wine, and a considerable fair in spring (*Fullerton's Gazetteer*, 1856). By the beginning of this century it is recorded in Baedeker (1906) as "a poor town, possessing broad streets flanked with arcades" but no mention is made of its Fair. And yet it was this that had taken them to it. Gray, writing in anticipation to their mutual friend Richard West, tells him they were going there "where is a Fair" but adds "now you must know, a Fair here is not a place where one eats ginger-bread or rides upon hobby-horses; here are no musical clocks, nor tall Leicestershire women; one has nothing but masquing, gaming and singing. If you love operas, there will be the most splendid in Italy, four tip-top voices, a new theatre, the Duke and Duchess in all their pomps and vanities. Does not this sound magnificent?" (Gray's *Letters*, No. 97 of 21.iv.1741). "There," that is at Reggio, writes Horace Walpole (*Short Notes*), "Mr. Gray left me, going to Venice with Mr. Francis Whithead and Mr. John Chute for the festival of the Ascension". On this day the Doge annually went out into the Adriatic, in great state, and threw a ring into it in token that Venice was wedded to it. Gray had been keen on seeing this. In his letter to West giving their projected itinerary he had written "Well; next to Venice by the 11th of May, there to see the old Doge wed the Adriatic whore".

The record of Gray leaving him precedes that of his going down with the quinsy, and there is no reason to believe that Gray ever heard of it; but what Walpole omits to write is that in the interim between Gray's leaving him and his illness he had been having a very gay time.

There are two letters extant by him from Reggio in this period. Thus in May 10th he writes:

> "The fair is charming; and here come all the nobility of Lombardy, and all the broken dialects of Genoa, Milan, Venice, Bologna, etc. You never heard such a ridiculous confusion of tongues. All the morning one goes to the fair undressed, as to the walks of Tunbridge; 'tis just in that manner with lotteries, raffles, etc. After dinner all the company return in their coaches, and make a kind of *corso*, with the Ducal family, who go to shops, where you talk to 'em, from thence to the opera, in mask if you will, and afterwards to the Ridotto. This five nights in the week. Fridays there are masquerades, and Tuesdays balls at the Rivalta, a villa of the Duke's. In short, one diverts oneself. I pass most part of the opera in the Duchess's box, who is extremely civil to me and extremely agreeable. A daughter of Regent's [i.e. Duke of Orleans, Regent of France who had died eight years earlier] that could please him, must be so. She is not young, though still handsome, but fat; but has given up her gallantries cheerfully, and in time, and lives easily with a dull husband, two dull sisters of

his, and a dull court. These two princesses are woefully ugly, old maids and rich" (*Letters,* No. 40 of 10.v.41).

Eight days later he writes to Horace Mann with whom he had been staying for nearly a year.:

> "The whole Ducal family are most notoriously civil to me—at the Rivalta they placed me at supper between the eldest sister and eldest daughter, who helped me, and took such care of me, that I should not much have liked my situation, if they had not given me such draughts of champagne, that I really grew to be not at all ceremonious with my two Princesses. Last night was another fine entertainment there; I in humility and Gospel obedience placed myself at the lower end; after supper the Duchess told me, they had sought me to sit by her, but was told I was gone; and Madame Bernedette sent me such a glass of Barbadoes that I was choked" (*Letters*, No. 40 *of 18.v.1741 in Supplement Vol. I).

The fact is, though he did not know it, he was getting the last squeeze out of the lemon of being the son of the great English Premier with all the *kudos* that meant at all the little courts—Turin, Genoa, Modena, Florence, Naples—through which he had been passing, for he got back to England in the middle of September 1741 and his father fell in the first week of the following February. He got to Venice on June 4th and, between some day after this 18th of May and that date, we have to fit in the whole of the illness that he describes as "a kind of quinsy" with two days journey there from Reggio.

I do not suggest for a moment that the somewhat fast life he had been living had anything to do with his illness. I have not found that any form of sore throats or "kinds of quinsy" occur more frequently in those that have burnt the candle at both ends than in those that are in bed demurely by 10.00 p.m. and do not rise again till after seven. Indeed I once saw in consultation a virile young woman of the upper professional class who used to dance each night till 4.00 a.m., when, with her *cavaliere-servente*, she retired to her flat for the night—or, rather, for the dawn, since it was in summer that I saw her—and rose again in time to be at the office by 10.00 a.m. and do a good day's work there. When she had tired out two young men in this way, she felt a bit off colour and went to her doctor for a pick-me-up. All that he could advise was that she should have her tonsils out. An important relative insisted that she should see me as referee. She had never had any suspicion of a soreness of the throat or other evidence of any kind of quinsy. No! I do not think that Horace Walpole's can be attributed to the gay life he was leading. We must seek another cause; but first let us enquire what is a quinsy.

The word has not long held the strictly narrow meaning that it bears today. I can today hear the voice of Sir Cooper Perry telling us in 1905, when I was his ward-clerk, that a quinsy was a peri-tonsillar suppuration. The pedantic pharyngologist might insist that it is a localized one, in other words an abcess. The term could not have been narrowed to either of these meanings before Virchow's *Cellular Pathology* of 1856, which appeared in English in 1860 and was strenuously opposed by leading men of the day such as Moxon, who later became a devoted adherent of it before his death, just about the time when young Perry was an H.P. at the London, and of his transference to us as Assistant Physician. Let us then see what meanings the word Quinsy and its variations had before the eighties of the last century.

Johnson (6th Edit., 1785) calls it a "tumid inflammation of the throat, which sometimes produces suffocation" and quotes his beloved Dryden as speaking of the "throttling quinsy". He also tells us the word is corrupted from "squinancy," and turning to that we find "an inflammation of the throat, a quinsy" quoting this time Wiseman the royalist surgeon of the previous century, and when we look up Wiseman we find nothing under Tonsils that would suggest it, and that the reference to squinancy is under erysipelas.

We pass to Todd's edition in 1818, of the dictionary which had expanded from two to four volumes mostly by more quotations of which two are added to "quinsy", from the theological literature to which as Keeper of the Archbishop of Canterbury's records he had access at Lambeth. They add two forms to the word. Bishop King in a thanksgiving sermon of 1619 speaks of "being surprized by a squinsy" and Bishop Taylor in *Holy Dying* (ch. I §2) of "canker in the mouth, squinacie in the throat."

And so, as every English-speaking person must, we came to the O.E.D., which under "quinsy" first registers 17 forms of spelling in the fifteenth to seventeenth centuries and in the "morphology" of the word gives us "squinacy", "squinancy",

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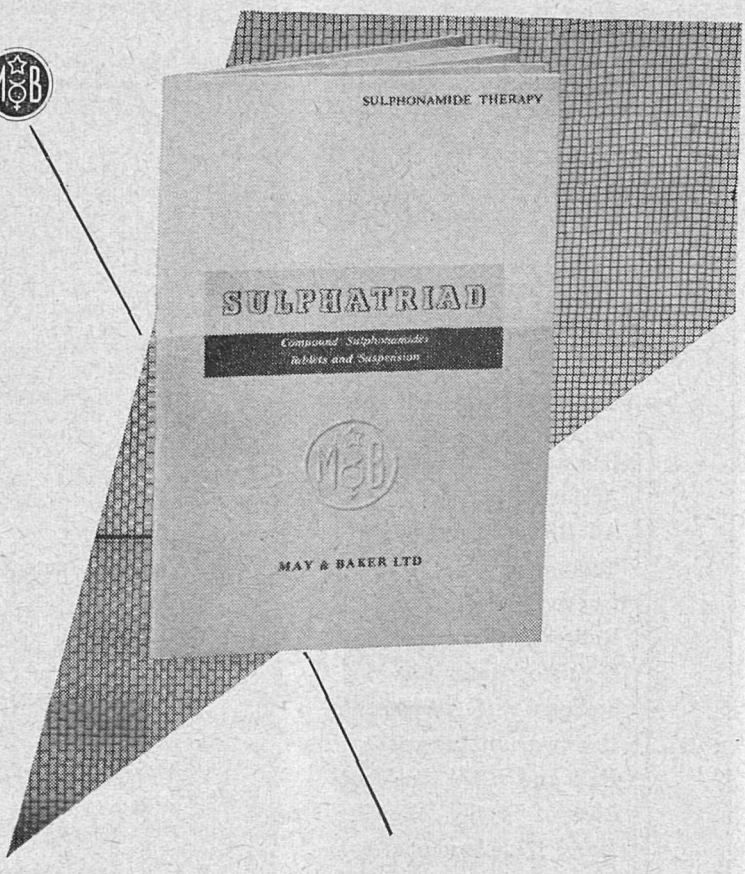

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"squinsy" and "cynanche". The "signification" is "Inflammation of the throat or parts of the throat; suppuration of the tonsils; tonsillitis, also a form or attack of this". This dates from 1902. It gives a quotation from Richardson's *Sir Charles Grandison:* "she tried to swallow as one in a quinsy". Under sq. which dates from 1915 come "squince" and "squinance" which are marked "obsolete", "squinacy" "now dialect", and "squinancy" "now rare" and all are synonyms of "squinsy" "now dialect" the "signification" of which is in the first place "Quinsy; suppurative tonsillitis" and in the second "a form of attack of this"; and so all lead back to quinsey. Where Cynanche came in is not clear. Its derivation is from the Greek for a dog and from a verb meaning to strangle or throttle. It is marked as being a foreign word; and gives as an "Illustrative Quotation" from 1706, "This Disease is so call'd because it often happens to Dogs and Wolves".

Let us turn for some meanings of the word in the literature of our own profession. First Mead, Walpole's senior by 34 years but a contemporary, and then on to the first specialist approach to the diseases of the upper respiratory tract (1837).

> "Medical authors have carefully treated of several sorts of quinsies; but there are three sorts of the most acute and fatal of all, the nature of which they have not explained with sufficient accuracy. Of these the first may be called the watery quinsy, the second a gangrene of the tonsils, and the third a strangulation of fauces.
>
> "In the first sort the glands of the mouth, palate, and neighbouring parts are distended and swollen. In the second an inflammation without a perfect suppuration seizes the tonsils; which swell and grow hard; a gangrene soon ensues, which, if not very speedily relieved, is fatal. In the third, all the nerves are convulsed, and the patient drops down dead suddenly." (*The medical works of Dr. Richard Mead,* Vol. 3, Edinburgh, 1765, Chapter IV "Of The Quinsy." pp. 55-53.)
>
> "Acute laryngitis belongs to that class of diseases that have received the generic name of cynanche, or quinsey; diseases that have been known and distinguished from the earliest ages. The present species was, in all probability, confounded with the other forms of cynanche, and, in fact, could not be identified and separated from them till the cultivation of pathological anatomy had enabled medical observers to discover the reason of the exceedingly grave character of the symptoms, and of the rapid fatality with which quinsey occasionally exhibited itself. The publication of a paper upon the Angine Laryngée Œdemateuse, by Bayle in France, and of another paper by Dr. Baillie in the third volume of the Transactions of a Society for the improvement of Medical and Chirurgical Knowledge, in England, attracted considerable attention to the disease in both countries; and subsequently the medical periodicals have furnished sufficient evidence that the affection in question, though previously confounded with the commoner varieties of quinsey, is not so rare as was at first supposed." (Ryland, Frederick. *A treatise on the diseases and injuries of the larynx and trachea.* London. 1837. p. 29.)

Thus the word quinsy has so many different forms that I cannot think that variations in dialect will account for them all; but feel it must have indicated a variety of lesions some of which were very rare, and some which have disappeared today; of these I will quote one each. The first is a very acute inflammation with such a swelling of the tonsils that they completely filled the faucial gap, touching one another in the mid-line and reaching to the tip of the arch, whence the swollen uvula sticks straight forward like a gangster's pistol. I have experienced two such cases of this which might have warranted the term "a kind of quinsy", and given rise to the expression "escaping with difficulty" for the sense of suffocation brings to the mind terrible thoughts, and the patients might well have thought they were about to suffocate.

The other I owe to Mr. Herbert Tilley who told us one day of a young woman with a very severe inflammation of the throat whose mother was trying to get some nourishment into her in the form of calves' foot jelly. To coax her to swallow a little more, the mother put the spoon, with which she had been feeding her, into her own mouth and swallowed the contents of the infected spoon herself. "The girl recovered. The mother was dead in forty-eight hours".

Since we have learnt the trick—for as an operation it is nothing more—of opening a quinsy with a pair of sinus forceps, the condition does not kill unless a general anaesthetic is given. I once had to ask for one because of trismus, and I had the worst 15 seconds I have ever known—in spite of extreme care as to position both of the patient, and of those standing around—with what Sir Herbert Eason

used to call "an all-talkie whiff of chloroform". One of my colleagues, once my teacher, was persuaded, when a young man, to give gas, as a matter of kindness, to a probationer with a quinsy, in the nurses sick-room. He saved her life by dragging her body on to the floor and there doing a tracheotomy. The scar, nearly hidden by the collar worn with the uniform in those days, became a visual warning to all us youngsters during the time she remained with us.

This is perhaps the only operation in surgery in which we are in the same position as were the surgeons of the eighteenth century. Neither the coming of anaesthetics, nor of Listerism has made any difference. The trick, as I would call it, varies, I believe, in different clinics. That which I used to use was an old tradition of the Front Surgery of Guy's, in which I made some elaborations in technique to prevent the patient seizing the right wrist of the operator at the crucial moment.

When the quinsy was allowed to burst I do not think the escaping pus ever used to drown the patient. I know of no clinical record in medical literature of the bursting of a quinsy; but there are two in English literature and we may note that in either case it was emotion that caused the rupture. One of these is in that "debatable land" between the two kingdoms of general and medical writings. It is in the *Gold-Headed Cane*, first published in 1827, and perhaps the first of these books, like *The Adventures of a Three-Guinea Watch*, in which an inanimate object tells the story about itself. They had their vogue in the 19th century. The cane is now in the Royal College of Physicians of London and formerly was successively in possession of five great physicians, about whom it recounts anecdotes in all seriousness intermingled with humour, as in this episode of its first owner Radcliffe.

> "He was once sent for into the country, to visit a gentleman ill of a quinsey. Finding no external nor internal application would be of service, he desired the lady of the house to order a hasty-pudding to be made: when it was done, his own servants were to bring it up, and while the pudding was preparing, he gave them his private instructions. In a short time it was set on the table, in full view of the patient. 'Come, Jack and Dick,' said Radcliffe, 'eat as quickly as possible; you have had no breakfast this morning.' Both began with their spoons, but in Jack's dipping once only for Dick's twice a quarrel arose. Spoonfuls of hot pudding were discharged on both sides, and at last, handfuls were pelted at each other. The patient was seized with a hearty fit of laughter, the quinsey burst and discharged its contents, and my master soon completed its cure".

The other was written by a clergyman, "the associate of men of wit and gaiety" (*D.N.B.*); who after having a living in Romney Marsh become a Minor Canon at St. Paul's, priest in ordinary of the Chapels Royal, and Divinity Lecturer at St. Paul's, a sort of successor of Laurence Sterne and Sidney Smith, but none the worse for that, and, like the former, one who could transmute an experience of a medical friend into uproarious humour.

First published in 1840, the story is put back by the author to the early days of Henry VIII. The lady Robesia lay on her death-bed, so said the doctor and the priest was called, whereupon the doctor left. "The rattling in the throat increased" and "the worthy chaplain hastened to administer the last rites of the church". Then he also left. Thus was the husband left with his departing lady; her lady's maid, Beatrice Grey alone being in attendance, and when "the knight and the maiden had rung their anti-phone changes on the fine qualities of the departing lady" a somewhat lengthy account follows to manoeuvre them both leaning with their backs to the bed, with the Knight nearer to the lady's head, and the maiden's right hand all the time in his left. Thus was the other hand used under her chin, to turn her face up "in an angle of fifteen degrees". What could be more natural than that he should suggest her succeeding the Lady Robesia in her duties, and that he should seal this with a kiss. He is just about to repeat it, when "Whack". He had received a crack on his head from the "bed-staff." Both started to their feet. There was the Lady Robesia sitting up holding the weapon. "The quinsy which her rage had broken, still impeded her utterance; but the strength and rapidity of her guttural intimations augured well for her future eloquence".

At the time that Gray and Walpole were travelling up from Florence to Reggio two other persons were moving up from Rome to follow in their tracks, with the same purpose as theirs, which was "'opera hunting' as Mr. Spence expresses it," and here they found Mr. Horace Walpole "very ill with a quinsey". And thus we come to that remarkable composition known as Spence's Anecdotes.

The Revd. Joseph Spence was at Eton, Winchester, and New, having left the first of these "in a short time, for some unknown cause". He had "entered into Holy Orders" in 1724 and taken the degree of A.M. on 2nd November, 1727, "and in the succeeding year was chosen Professor of Poetry, the first day he became

capable of it, by being made Regent Master". He combines with this "in quality of a companion" the occupation of travelling with young men in the Grand Tour—first the Earl of Middlesex, who became the second Duke of Dorset, and they were away from 1730 till 1733. He was re-elected Professor of Poetry, for a second term, only a few days before his return from 3 years' absence during the first. In his second spell he began his second tour with a member of one of the Irish Trevor families ; but this young man was called home before they got to Italy "to offer himself as a candidate for a borough" but with such want of haste that they managed to spend the autumn at Blois and the winter at Tours. Thus they got back early in 1738 when Mr. Spence's second term as Professor ended, leaving him free from the trammels of Poetry so that "in the autumn of 1739 he set out on his last tour to the Continent with Henry Earl of Lincoln"—later to be the Duke of Newcastle. They spent the year from October, 1739, to October, 1740, in Turin "then a place of great fashionable resort and the court accounted one of the politest in Europe" (*Anecdotes*).

Thus when Gray and Walpole went through Turin the four men met, as we learn in a letter to Spence from Walpole just before he and Gray moved on to Rome. Spence seems to have returned their call as soon as he got to Reggio to find Gray gone and "Mr. Horace Walpole very ill with a quinsy".

His account is given in a letter to his mother extracted by the author of his life —a Mr. Samuel Weller Singer—and prefixed to his Anecdotes which were published in 1820, fifty-two years after his death.

> "About three or four in the morning I was surprised with a message saying that Mr. Walpole was very much worse, and desires to see me; I went and found him scarce able to speak. I soon learned from his servants that he had been all the while without a physician, and had doctored himself; so I immediately sent for the best aid the place could offer, and dispatched a messenger to the minister at Florence desiring him to send my friend Dr. Cocchi. In about twenty-four hours I had the satisfaction to find Mr. Walpole better; we left him in a fair way of recovery, and we hope to see him next week in Venice". (p.xxix).

Walpole's "kind of quinsy" cannot have been one in our modern acceptance of the term. Had the rapid recovery that evidently took place been due to the bursting of it we should surely have had some evidence of this dramatic event from one of these two writers on it. Further the expression "scarce able to speak" is not a record of the "guttural intonations" associated with a "quinsy". It suggests rather a spread of the inflammation to the upper opening of the larynx with a threat to the protective mechanism of that organ and danger of a spread to the lungs below. Nor was it either of the other two very acute inflammations that I have mentioned. All three are streptococcal diseases, a common characteristic of which is their long convalescence, during which the patient knows best how long it should be. Many a person that goes down with an acute follicular tonsillitis on a Thursday or Friday is back at work on Monday; but is not "fit" till the next one and in that week should eschew all gaiety, go straight home, and so to bed. With a moderate attack he or she knows he needs a week off duty in which to recover, with a more severe one he needs a fortnight, and occasionally it is two months. Spence had told his mother that in about twenty-four hours he had "had the satisfaction to find him better", that they "left him in a fair way to recovery" and "hoped to see him in the next week at Venice."

After the despatch of that letter, their plans must have changed for Walpole in his *Short Notes* says "I went to Venice with Henry Clinton, Earl of Lincoln, and Mr. Joseph Spence; Professor of Poetry". They may have delayed their start for a day or so for Spence says "I had obtained leave of Lord Lincoln to stay behind for some days if he had been worse". It is days not weeks that we are dealing with in this episode. Walpole and Gray did not leave Florence until "early in May" (*Short Notes*). They had intended to stay at Bologna "for a few days, to hear the Viscontina sing" (Gray, Letter No. 97). They had the travelling, the stay at the court of Reggio, the parting of Gray, the illness, recovery, and further journey and were at Venice by June 4th (Walpole Correspondence, Yale Edition. Vol. 17, Note 45; letter from Mann to Walpole of 9.v.1741).

Had it been a streptococcal invasion severe enough to have warranted the wording of either of these accounts, it is unlikely that he could have set out so soon, and so it would have been with these attacks that I have quoted from Mead and Frederick Ryland, even more severe than those my seniors saw. What other types of "soreness of the throat" have we to consider ?

CORRESPONDENCE

Letters to the Editor of the Gazette

Naming the New Surgical Block

From the Superintendent

SIR,—The Governors have asked the Medical Committee to express their views as to the name that should be given to the new Surgical Block. All the buildings in the Hospital are separately named, Guy's House, Hunt's House, Nuffield House, Shepherd's House, etc. Various suggestions have been made at the Building Committee for the name of the new building:

1. New Guy's House.
2. Queen Elizabeth's House or Queen's House.
3. Thomas's House (using Guy's first name).
4. It was also suggested that the name might commemorate some world-renowned Guy's Surgeon, or one of the Treasurers of the Hospital who have done so much to further its progress, e.g., Harrison, Bonsor or Humphery.

The Medical Committee feel that there must be a large number of present and past Guy's men and women who would like to express their opinion on this matter, and no doubt you, as Editor, will be pleased to receive their views.

Yours etc.,

W. D. DOHERTY,

Guy's Hospital, S.E.1. *Superintendent.*

St. Luke's Tide

From the Chaplain

SIR,—I should be grateful for the hospitality of your columns to draw the attention of your readers to the Annual Hospitals Service at 1.15 p.m., on Friday, 18th October, in Southwark Cathedral.

The Preacher is the new Provost. Besides his experience of hospitals all over the world, he is married to a doctor. So he should understand !

Yours etc.,

KENNETH CHILD.

House Appointments at Guy's

SIR,—Owing to the post-holiday accumulation of literature it is only this week that I have read your "Passim" of 31st August, dealing with the above. I hasten to congratulate you on a bold but probably unpopular exposition.

It is over 30 years since I enjoyed the amenities provided for Residents at Guy's, so I will not venture to comment on that point. The comparison you draw, however, of the relative amount of professional experience to be obtained at Guy's and a provincial hospital is, I assure you, in no way exaggerated.

I think the arrangements here are fairly typical. There are two Hospitals doing general work. At one, on the Surgical side, two H.S.'s look after about 80 beds. In addition to General Surgery they split their time and do three months with the Orthopædic and three months with the E.N.T. Surgeon. At the other Hospital one General and one Gynæcological H.S. gain experience by deputising for each other. Anyone, therefore, doing his first H.S. job will see a fairly wide range of cases in the more common specialities as well. It will be a very dull person who will not get a quota of appendices and other things to do. One Registrar exercises long-range control over both Hospitals.

The "kudos" of a Guy's appointment is, of course, very real, but from the number of appointments in special departments it looks as if, to meet the demand, jobs were being duplicated and the Kudos may wear a trifle thin.

If there is queuing for jobs at Guy's, we in the provinces are always looking out for keen young doctors, and in the absence of candidates from our own Medical Schools are having to look further and further afield.

Yours etc.,

The General Hospital, Hereford. B. G. SCHOLEFIELD.

The Aetiology of Lung Cancer

SIR,—In your issue of 17th August, Dr. Milton gives us a quotation from Churchill, in his letter re Lung Cancer.

If I remember rightly it was Winston Churchill who gave us the phrase "the *Infernal* Combustion Engine"; and how right he was.

It is true that smoking nowadays has become what my old headmaster at Clifton called "a vicious habit", what with women puffing cigarettes at all times and in all places, and even doctors smoking in their consulting rooms and in their patients' bedrooms, the latter a thoroughly reprehensible practice.

But none of this can possibly compare with the continuous stream of exhaust fumes from every kind and size of car, which is ejected all day long and most of the night in any big town nowadays, and what with the towering monstrosities of modern architecture (so called), these fumes are well and truly shut in for us to inhale all day long, willy nilly.

Even on suburban and country roads motor traffic is almost continuous nowadays. In a drive of about 35 miles over a Natal main road sometime back I met and passed 700 cars of all kinds. True it was a rush day but by no means exceptional.

Many years ago I believe that motor cars were not allowed on the Island of Bermuda. This restriction may have been withdrawn now, but it would be interesting to know what the incidence of lung cancer there is if the rule is still in force.

In any case I think it is time we realised that the Infernal Combustion Engine is a far more obvious culprit for malignant lung disease than its pathological rival, tobacco.

Yours etc.,

Nottingham Road, Natal. G. DUNDERDALE.

Modern Maladies—Old Philosophies

SIR,—We all admire and enjoy Dr. Vertue's devotion to the classics, which is why I cannot understand his antipathy for Aristotle, the greatest philosopher of the Ancient Greeks (and perhaps of all time), whose principles still stand and are the basis of Modern Science.

"You will never get rid of this cancer of the lip, doctor, by sitting back and thinking about perfect health." This might be a piece of advice given to a modern dreamy medical student in Out Patients. It is, however, also a colloquial paraphrase of Aristotle's remark, which Dr. Vertue dismisses as a bêtise: "The contemplation of an absolute idea cannot benefit a physician, simply supposing that physicians do not look at health in an abstract way but only regard the health of the person to whom they are giving the medicine."

The anglicised Aristotlese may be confusing but it certainly doesn't mean that a physician should not be educated.

The last time we discussed Aristotle's four causes, Dr. Vertue cited "the diathesis" of psoriasis as an example of the final cause. He now states that the final cause is the "pathology", "the response of the body to injury". May I reiterate that when modern science deals with causes, it deals with efficient causes only, and does not encompass the study of final causes, now known as teleology.

Yours etc.,

King Edward VII Sanatorium, Midhurst, Sussex. PATRICK MONTGOMERY.

How to Win at Anæsthetics

SIR,—It is not often that the old G.P., occasional, very occasional, anæsthetist receives a bit of tribute from that hyper-critical body of men—the Guy's students—so I felt this one is worth recording.

One day last week the powers that be invited me to do a list at one of the local hospitals. The presence of three or four students did little to improve my intention tremor, and as I inserted my needle into a vein on the back of the hand a voice behind me said, "Whose needle is that Sir?."

"Gordht's," I replied, "you put it in here, and then everything else goes in through it, pentothal, C.10, scoline, soup, eclair—the whole shooting match."

"I say, Sir" he replied, "that's wonderful! I always thought my hospital was

pretty well up to date, but we have not got anything like that there."

"Indeed!" I said, "and which is your hospital?"

"Guy's" he answered!

Yours etc.,

A. R. MARSH.

3 Clanricarde Gardens,
Tunbridge Wells.

A Patient at Guy's

SIR,—As an old Guy's man, who has had occasion to use the hospital services, including a long spell in Addison ward, during the last year, may I say how much I have appreciated the kindness and attention of all members of the staff in whose care I was entrusted.

Seeing the hospital again as a patient one is amazed at the co-operation between the various departments and the efficiency with which one's wants are attended to, in an organisation so vast as Guy's.

May I express my thanks through the medium of your columns?

Yours etc.,

L. J. BAILEY.

"Lyndhurst,"
Harbertonford, Devon.

Rugby Referees

SIR,—The Rugby Club is trying to form a panel of referees for Junior team matches. If there are any Guy's men, past or present, who are interested in occasionally refereeing these matches, would they please contact me.

Yours etc.,

D. J. RICHARDS,
Hon. Sec. G.H.R.F.C.

REVIEWS

Whillis's Elementary Anatomy and Physiology. By R. WARWICK. 4th Edition, 1957. J. & A. Churchill Ltd. Pp. 274. *Price* 22*s.* 6*d.*

This new edition of the late Professor Whillis's book is a complete revision showing many improvements in detail. No major alteration in the character of the book has been introduced, and, indeed, in view of the well proven popularity of *Elementary Anatomy and Physiology* as an introduction to anatomy for the medical student and as a textbook for nurses, physiotherapists and other medical auxiliaries, any such radical revision would have been uncalled for.

The type, though somewhat smaller, has not suffered in clarity ; paragraph headings have been re-arranged and re-set to particularly good effect. Many illustrations have been placed in closer proximity to relevant sections of the text, and one illustration, duplicated in the last edition, has been omitted, its place being taken by a new diagram showing the anatomy of the nephron.

Where recent advances in knowledge have justified alterations in an elementary textbook appropriate corrections and additions have been made. The paragraph on the functions of the thymus, for example, has been re-written and recent findings on the anatomy of non-medullated nerve fibres have received attention. The sections dealing with the foot have also been amplified in some particulars.

The recently adopted International Anatomical Nomenclature has been introduced, the older B.R. terms being in most cases added in parentheses after their I.A.N.C. equivalents. An appendix on nomenclature includes a list of the terms so affected.

Professor Warwick and the publishers are to be congratulated on this revision of Elementary Anatomy and Physiology, which will continue to fulfill the many needs for which it was so well devised.

M.J.B.

Aids to Osteology. By NILS L. ECKHOFF, M.S. (Lond.),F.R.C.S. and J. JOSEPH, M.D.(Glas.), M.R.C.O.G. Sixth Edition. Published by Messrs. Baillière, Tindall and Cox. *Price* 10*s.* 6*d.*

The latest edition of this valuable member of the Aids series has been very considerably altered. There have been changes both in actual content and, rather strikingly, in the mode of presentation. The lists of muscle and tendon attachments which were so prominent a feature of former editions have disappeared and all such information is now given in the text—an improvement in style which will be welcombed by most readers who find, like the reviewer, that lists, however valuable, make rather indigestible reading. The type has been altered and the definite, bold and pleasantly designed print of the new edition will again be a popular innovation.

Readers who have used the preceding editions during their studies will find an alteration in the actual verbal presentation. Those athletic anatomical structures which "sprang" and "arose" from bones are now, more passively, said to be attached to these landmarks.

The newer schools of thought in anatomy have been seen to have prevailed in the arrangement of this edition. For instance, the description of the skull has been pared down from 101 pages to 60 pages. Some of the actual detail has been surrendered and this will make the book easier and lighter reading for the present generation of anatomical students. A few people, particularly Primary Fellowship candidates will regret the further abbreviation of a masterly synopsis of the detailed osteology of the skull and its ossification—facts which are still recognised as being of vital importance in a certain Bloomsbury Square.

This latest edition can, without reservation, be recommended to all students of anatomy either undergraduate or postgraduate. Every second M.B. candidate should own, read and keep his own copy. Physiotherapists too will find it to be of great value for their examinations. It is a worthy successor to the previous editions and it is notable that Dr. Joseph should have joined Mr. Eckhoff as co-editor—thus keeping editorship of the book at Guy's.

P.S.B.

Aids to Ophthalmology. By P. MACMOFFATT. 11th Edition. Baillière, Tindall and Cox. *Price* 10*s.* 6*d.*

This remarkably concise little pocket book of ophthalmology is unique in that there is no comparable publication of this size containing so much information. However, this, the eleventh edition, is still not entirely up-to-date. There have been many advances in the treatment of existing conditions and indeed clarification of old and identification of new diseases since 1948 which I feel might have been included.

It is difficult to expect detail in such a book without ruthlessly sub-editing the less common conditions and thus allowing more space for the more important pathological states. The book has 274 pages, in contradistinction to a standard work which has 7,000, and therefore cannot be regarded as more than an aid to the student who makes constant use of material in the wards and out-patient department.

Specific diseases now comparatively rare in practice continue to occupy more space than they deserve, while some of the more recently observed eye manifestations of systemic disorders, e.g., sarcoidosis, are not described. The section on examination of the eye is extremely well explained in the readable way which characterises the whole book, but the section on therapeutics does not stress the importance and clinical indications of systemic and topical cortisone, its use and misuse. Diamox is perhaps not given sufficient importance, while daraprim for toxoplasmosis and anticoagulant therapy in thrombosis are not mentioned at all.

Perhaps the space employed to illustrate some less commonly used instruments, e.g., Knapp's Roller forceps and the spud, could have been left out to allow a short description of the corneal graft operation to be inserted. Thirty-two pages are devoted to refractive errors and five to eye signs in systemic disorders which is of paramount importance to the medical student as an aid to diagnosis.

Some might disagree that secondary glaucoma has such a gloomy prognosis and primary acute glaucoma has a cupped disc.

Despite any criticism, this book does not confuse as do so many of its kind, and could be usefully employed as an introduction to the subject.

S.M.

Essentials of Fluid Balance. By D. A. K. BLACK. First Edition. Blackwell Scientific Publications, Oxford. *Price* 18*s.* 6*d.*

The general use of the flame photometer in routine clinical laboratories has made it possible to diagnose and treat distortions of the internal environment with a fair degree of precision. To do this, however, calls for a foundation of physiological and pathological knowledge on which to build a sound diagnostic and therapeutic structure in each individual case. It is therefore not surprising that seventy-nine per cent. of the text in Dr. Black's book is concerned with physiology and pathology and only twenty-one per cent. with treatment. As an example of compact and often humorous writing, so unusual among the prolixities of present day scientific journalese, this book is remarkable ; when this is married to a great lucidity of exposition of a difficult subject, as in this case, the book is unsurpassed. In addition to the text, there is a bibliography of 279 references, the more recent reviews of the various branches of the subject being marked with an asterisk. This is a book which can and should be read with pleasure and profit by students, clinicians and clinical pathologists who want to acquire understanding of this subject.

W.H.H.M.

Bedside Diagnosis. By CHARLES SEWARD. 4th Edition. Pp. 430+xxiv. E. & S. Livingstone Ltd. 21*s.*

That this small volume should have reached its fourth edition in 8 years since it was first published is surely a tribute to its usefulness and popularity. Extensive revision has been undertaken in preparing this edition, involving re-writing about a quarter of the whole text.

In his preface the author states that one of the chief reasons for his writing the book was his desire to review and classify his own knowledge. This perhaps gives a clue to the book's especial values; it is almost certainly most suitable for the undergraduate who also has a need for revision before attempting his final examinations and to classify his knowledge before commencing to apply it in practice. The author's attempt to indicate the way to diagnose the main causes of the more important presenting symptoms and his use of a rigid plan of approach in each section do not permit much discussion of a general approach to differential diagnosis, such as is presented in Professor Harvey's book on this subject. A small book of this nature obviously cannot, on the other hand, compete with French's Index of Differential Diagnosis as a work of reference. In places the author's style of writing makes for some obscurity unless the reader is already to some extent familiar with the subject. These considerations tend to limit its real usefulness to the purpose indicated. The lay-out, large clear type, the handiness of size of the volume and its sturdy, but soft, binding all help to make it ideal for this purpose.

D.C.D.

Angry Young Doctor. By LOUIS GOLDMAN, 1957. Hamish Hamilton, London, pp. 114. *Price* 5*s* 0*d.*

This is largely a review of the Health Service from the standpoint of the junior staff in non-teaching hospitals. The chapter on general practice barely skims its surface, and the contribution of the teaching hospitals is summarised in a series of sweeping generalisations. With these two exceptions the factual matter of the book is undisputed, being largely direct quotations from official documents, and a pretty gloomy picture it paints for the young doctor in hospital. The comment on the facts is more questionable, and despite the author's protestations, one feels that a sense of personal grievance remains.

It is to be hoped that the book will be widely read by those concerned with framing amendments to the Act, and also those concerned with its administration. I would also urge all those who are thinking of specialising in any branch of medicine or surgery to read and digest it, and think carefully before committing themselves to the long path which seems to end at senior registrar.

C.L.J.

A Dentist's Compendium. By STUART SOUTHWOOD, M.C., F.D.S. London, Henry Kimpton, 1957. *Price* 10*s.* 6*d.*

"A Dentist's Compendium" brings to the dental profession a summary of the experiences and ideas originated and collected by a distinguished dental surgeon who has for many years conducted a private practice.

This notebook contains much information that should prove to be of interest to the student about to qualify, and particularly to the graduate who may have

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Head Office: Strand House, Portugal Street, London, W.C.2

contemplated or actually entered dental practice. The contents are useful in that they provide the type of knowledge which can seldom be included in standard text books.

The early chapters contain brief, but sound personal advice about the dentist, about his patients and the organisation of his practice. Although the information applies only to private practice as distinct from practice under the National Health Service, the principles outlined seem very sound.

"Dental Methods And Some Dental Materials", is the title of the most substantial chapter, and this provides a very individualistic approach to traditional procedures in Conservative Dental Surgery. Many of the methods described are obviously most successful in the hands of the author, but may not suit the technique or temperament of every operator. This applies particularly to such things as the removal of retained root apices from the maxillary antrum by means of a ribbon gauze pack, toilet of tooth sockets with an iodoform blower or a Socket Paste, the filling of root canals with a B.I.P. paste, and the treatment of the exposed pulp with antiseptics.

The final chapter presents some cases which demonstrate the author's versatility, especially the case showing bite rehabilitation which has previously been published in the British Dental Journal.

The whole book is well produced with bold type and clear illustrations. A blank page has been provided at the conclusion of each chapter should the inclusion of additional notes be desired. As a notebook however, it could perhaps be made more compact by reducing the overall dimensions.

D.L.

G.H.G. writes:

Captain Southwood is a Guy's dental man, who in the first world war, gained a M.C. for distinguished service as a combatant officer in the original Royal Flying Corps; he then completed his dental course, was appointed as a dental house-surgeon, and has since been a leading exponent of advanced conservative dentistry in general practice; his son has recently had a distinguished surgical career at Guy's. The book begins with some sound advise as to the personal appearance of the dentist himself; some dentists fail badly by being negligent in this respect. There are admirable notes on the recording on charts; the special notes suggested are the outcome of years of successful practice and many of them can be readily adopted with great advantage in the average general practice. In the clinical part of the book the author excels, as would be expected from the high standard to which his own operative technique has attained over so many years. The prescription for the use of an iodoform, bismuth paste is very workable; the skiagrams of an actual case shows the medicament not only filling the root canal but also penetrating one of the fine lateral canals of Hess. The suggestions for the construction of prosthetic restorations are of very practical application. We recommend this book to our readers.

Encyclopedic Guide to Nursing. Hansen. McGraw Hill Publishing Coy. Ltd. *Price* 35*s.* 6*d.*

This is an American dictionary for nurses. It is a good one, being well produced, easy to handle and having a most useful list of prefixes and suffixes. There are no illustrations in the text but 8 colour plates are included. In spite of this it does not seem worthwhile for English nurses to choose it in preference to an English dictionary; differences in spelling, inclusion of certain items which are not used in this country, and exclusion of some that are, reduce its value to the nurse.

B. B. W.

SPORT

RUGBY FOOTBALL

Guy's *v.* Catford Bridge
At H.O.P. 21st September, 1957
Result—Won 24-6

After a morning-long downpour which only slightly softened the hard pitch, the afternoon turned out bright and sunny for the match, traditionally the first official fixture of the season. The hospital players had been training rigorously for some time and it was a relatively fit team which took the field to kick off against a slight wind, having lost the toss.

From the start Guy's were in an attacking mood, and most of the play for the first 20 minutes was in the Catford half. These attacks, however, at first lacked penetrating power, and play was a little wild, three free kicks being awarded to Catford in the first 10 minutes—all within their own 25 yard line. Catford too were penalized on more than one occasion, and an unsuccessful attempt at a penalty goal was made by Duff in the 12th minute. In the 15th minute Evans, going down to a forward rush sustained a knee injury which left him limping badly.

Catford were quicker to get the ball away at line-outs and, taking advantage of the fact that Evans' injury left him as little more than a passenger in the game, made more frequent sorties into the Guy's 25, and were awarded a penalty in the 27th minute from an offside infringement which Robson kicked to put Catford three points ahead. Glendinning was now brought out of the pack as an extra three-quarter, but although much of the play was in the Guy's half the Catford backs rarely looked dangerous. Duff was prominent in defence and relieved the pressure with long punts which the *hospital were quick to use to their own* advantage. In the 38th minute from a set scrum, Phelps gave a short pass to Hackett who engineered a neat scissors movement with Hawley on the Catford 25, to send him through to touch down between the posts. Duff converted, and at half-time the hospital were leading by five points to three.

The second half saw Guy's on the offensive again. A cross kick by Evans nearly led to a try, but the knock-on near the line ended in a set scrum. A Catford defender made a long kick for which Phelps jumped high in midfield, and making a little ground passed to Hackett, the ball going left ; Hawley took a clean pass and, foiling three of the Catford defenders, cut into the middle of the field to score a beautiful try between the posts which Duff converted. Three minutes later Phelps passed the ball from the base of the scrum to Hawley ; Buirski followed up, took the ball, and, tackled near the line, passed inside to Cooke, who touched down again between the posts to give Duff an easy conversion.

The hospital backs were moving extremely well against the now flagging Catford defence, who nevertheless were tackling well when presented with an opportunity. In particular, Hughes, their young full back, proved a valuable defender and his two footed touch kicking thwarted many a Guy's thrust. In the 15th minute of the second half Lindsey took a pass from Phelps from a set scrum on the half way line, and made an opening to send Hawley through to score near the right corner flag. Duff hit the far post from a very difficult angle in attempting to convert.

In the 20th minute from a fine back movement Leyshon, sensing his opportunity, moved into *the centre making the extra man and*, breaking through, gave an overhead scoring pass to Evans, who despite his injury dived over in the right corner for an unconverted try. Guy's completed their scoring with a penalty goal by Duff from a difficult angle.

The final result did not unduly flatter Guy's and three fine attempts by Leyshon, Buirski and Hackett very nearly resulted in tries.

Team : J. Duff; C. E. Evans, R. T. Hawley, M. Lindsey, J. Leyshon; G. W. Hackett, L. G. Phelps; J. S. Van den Berg, M. A. H. Russell, R. W. May, I. Creed, J. Gr tten, N. W. Glendinning, S. A. R. Cooke, A. P. Buirski (Captain).

Guy's "A" XV v. Catford Bridge "A" XV

Result—Won 17-0

Guy's v. Blackheath

At H.O.P. 28th September, 1957

Result—Lost 11-0

For this match B. Blackwell, of Cambridge University LX club, made a successful debut for Guy's at wing forward and M. R. Sanders replaced C. E. Evans, who was injured against Catford Bridge, at wing three-quarter. The meeting was the subject of much speculation throughout the preceding week, and with the hospital's good form and fitness in the two previous matches the result was, to say the least disappointing. In defence it might be said that the ubiquitous Asian virus showed an unhealthy and untimely disregard for some of the hospital team, who nevertheless played, but this does not however alter the fact that Guy's lost to a good side.

Although it took five minutes for the Blackheath threequarters to make their first sortie into Guy's territory, they maintained this pressure for most of the match. They were served by a better and heavier pack, and gained most of the ball in the set scrum. In the loose too, the Blackheath forwards were possessed of a fine turn of speed which, combined with an efficient set of backs, set Guy's quite a problem in defence. The Guy's tackling, however, was to be commended and the visitors found it no easy matter to culminate their efforts in a try.

In the fifteenth minute, in a set scrum close to the posts, the hospital were penalised for handling and Sharpe kicked an easy penalty goal to put the visitors ahead. Guy's were now very much on the defensive and immediately before half-time, served by a quick heel, Parsons scored a try, after a clever blind side movement,. After the interval Guy's made more movements into the Blackheath half, but slow heeling by the hospital pack, partially resulting in a failure to get the threequarter line moving quickly, was not conducive to dangerous moves. Sanders was concussed in a tackle early in the second half and left the field for some time. Even so, Guy's had their share in the visitor's half, but found their defence too strong to score. At certain points in the game however, particularly in the loose, the hospital showed flashes of their ability and this could be put to excellent use in attack in future games, when coupled with the determination and aggressive spirit it sometimes lacks. The second try for Blackheath was the result of late tackling and led to Parsons scoring in the left corner from an orthodox threequarter movement.

To sum up, this early defeat can be largely explained by the lack in experience of the present pack. It is with confidence, therefore, that better results are expected in ensuing games.

Team : J. Duff; M. R. Sanders, R. T. Hawley, M. Lindsey, J. Leyshon; G. W. Hackett, L. G. Phelps; R. W. May, M. A. H. Russell, J. S. Van den Berg, I. Creed, J. Gritten, B. Blackwell, S. A. R. Cooke, A. P. Buirski (Captain).

Guy's "A" XV v. Blackheath "A" XV

Result—Won 34-0

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st December, 1957

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st December, 1957.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only

to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5
House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2
House Physicians (1 *Pre-Registration*)
(1 *Pre or Post-Registration*) 2
Resident Obstetrician (1 *Pre- or Post-Registration*)
(commencing 1.1.58)
House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital (*Pre-Registration*) 2
Throat and Ear and Ophthalmic House Surgeon (*Pre-Registration*) 1
(3 months at Guy's Hospital followed by 3 months at New Cross Hospital for E.N.T. duties only).
Genito-Urinary House Surgeon 1
(*Pre-Registration*)
(Second 6 months candidates only).
House Surgeon to the Thoracic Unit 1
(*Post-Registration*)
Children's House Physician 1
(*Pre-Registration*)
(Second 6 months candidates only)
Children's House Surgeon at the Evelina Hospital (*Pre-Registration*) 1
House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1
Resident Anaesthetist (Senior House Officer) 1
R.M.O. in Nuffield House 2
(1 commencing 19.11.57)
(1 commencing 1. 1.58)

The Medical Committee will also consider applications for posts at outer hospitals as follows :—

PEMBURY HOSPITAL
House Surgeons (*Pre-Registration*) .. 2
Orthopædic House Surgeon (*Pre-Registration*) 1

ORPINGTON HOSPITAL
House Surgeon. (General Duties) .. 2
(*Pre-Registration*)
Orthopædic and E.N.T. House Surgeon 1
(*Pre-Registration*)

NEW CROSS HOSPITAL
House Surgeon (*Pre-Registration*) .. 1

ST. OLAVE'S HOSPITAL
House Surgeons (*Pre-Registration*) .. 2

SEAMEN'S HOSPITAL, GREENWICH
House Physician (*Pre-Registration*) .. 1

JOYCE GREEN HOSPITAL, DARTFORD
House Surgeon (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL
House Surgeon (*Pre-Registration*) .. 1

ST. JOHN'S HOSPITAL, LEWISHAM
Casualty Officer (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital in order of preference, should be lodged in the Superintendent's Office not later than **Friday, 1st November, 1957.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointments at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical and Medical posts respectively. The post of Resident Obstetrician will be regarded as a Surgical post only and not a Medical post.

ENTRY OF STUDENTS

MEDICAL STUDENTS

1st Year

A. S. Attwood	Roan School
B. G. Bardi	St. Marylebone Grammar School
Anita Barltrop	High School for Girls, Westcliff-on-Sea
J. W. V. Barrett	Luton Grammar School
A. N. Bowden	St. Joseph's College
Cynthia Mary Britton	Grangefield Grammar School
P. R. Camm	Downside School
D. K. C. Cooper	Beckenham and Penge County Grammar School
Juliet Catanach Cridlan,	Bedgebury Park
A. G. Cumberland	Reigate Grammar School
T. L. Davidson	Uppingham School
J. N. Davies	Haileybury and Imperial Service College
A. E. Davis	Farnborough Grammar School
J. L. Day	Cheltenham College
J. A. Dickinson	Barton Grammar School
P. J. Dickinson	Beckenham and Penge Grammar School
V. E. Egwuatu	St. Gregory's College, Lagos
W. D. A. Foster	Hampton Grammar School
H. J. L. Griffiths	Epsom College
T. E. J. Healy	St. Brendan's College
B. S. Kalsi	Government Indian Secondary School, Dar-es-Salaam
G. T. Klauber	William Ellis School
C. J. R. Lewis	Rossall School
I. A. Mackenzie	Dulwich College
M. Maisey	Caterham School
J. H. T. Marshall	Brighton College
R. G. May	The Paston School
M. B. Mitchiner	St. George's College, Weybridge
A. Murphy	Ampleforth College
L. C. Nash	Millfield
B. E. Oei	Ruthin School
R. J. Parker	Gowerton Boys' Grammar School
R. J. Parker	Christ's Hospital
I. C. Perry	Highgate School
Ann Poskitt	Castleford Grammar School
B. S. Pound	Roan School
J. H. Ransford	Fettes College
R. E. C. Rayner	Repton School
W. G. Reeves	Perse School
A. J. Richards	Royal Masonic School
A. J. Robson	William Ellis School
J. K. Scott	King Edward's Grammar School
J. P. Sedgwick	Dean Close School
M. Singh	The Duke of Gloucester School, Nairobi
M. V. Smith	Owen's School
J. H. Steadman	Wimbledon College
A. E. A. Stevenson	Ampleforth College
Judith Walfor Summers	Grangefield Grammar School
V. Tanboonrithi	Kenneth McKenzie, Thailand and Leeds University
R. J. Walden	Willesden and Harrow Technical College
M. M. Walker	Sherborne School
M. J. Wright	Ampleforth College

2nd Year

Sheila Amin	Queen's College
P. M. D. Anderson	Epsom College
C. J. Atkins	Sherborne School
J. H. M. Axton	Tiffin Boys' School
C. C. Bates	Longton High School
A. M. Baynes	Felsted School
C. B. Boothby	Lancing College
J. C. G. Carmichael	Wellington College
G. Ebrahimzadeh	Whittingehame College
M. C. P. J. Ellis	City of Norwich School
K. G. C. Evans	Christ's Hospital
D. J. Eveleigh	Taunton School
J. R. Glover	Wallington County Grammar School
Susan Jane Henry	Queen Elizabeth's Grammar School
M. N. J. Jacoby	Haileybury and Imperial Service College
R. Jowett	Uppingham School
S. Lal	Clayesmore School
M. G. Lim	Ruthin School
J. E. Meyer	Maidstone Grammar School
Rosemary Ruth Millis	Roedean School
A. N. Nicolaides	Norwood Technical College
M. D. O'Brien	Ampleforth College
W. M. T. Rees	Bridgend Boys' County Grammar School
D. Sarson	Gateway School for Boys, Leicester
Jennifer Smith Shewan,	Bromley High School
P. F. Sievers	Epsom College
Carol Lindsay Slack	Cheadle Hulme School
M. Smith	West Hartlepool Grammar School
Rosaline Ann Smith	Haberdashers' Aske's Hatcham Girls' School
P. J. Snow	Christ's Hospital
J. L. Stanford	Simon Langton Boys' School
M. J. Tarlow	Haberdashers' Aske's Hampstead Boys School
K. E. Travis	King Edward's School
D. R. Turner	Chislehurst and Sidcup Grammar School
J. A. Zadeh	Whittingehame College

DENTAL STUDENTS

1st Year B.D.S. Students

N. A. L. Baker	Merchant Taylors' School, Middlesex
J. W. Balchin	King's School, Canterbury
M. D. Bourne	Queen Elizabeth's, Barnet
N. B. Bown	Epsom College
J. L. Bradbeer	Clayesmore, Blandford,
A. G. Buchanan	St. Alban's School, Herts.
T. M. W. Burnham	The Grammar School, Bristol
E. J. N. Chater	Dulwich College
G. T. Cheney	Brighton, Hove and Sussex Grammar School
K. A. Crawford	Sutton Valence School
Miss M. M. Evans	Ystalyfera County Grammar School, Glam.
P. D. Gedge	Warwick School
D. E. Gibbons	Christ's Hospital, Horsham
D. H. Griffiths	Wallington Holy Trinity
G. Hadshar	St. Joseph's College, Mark Cross
L. P. Harrison	Presentation College, Trinidad, B.W.I.
R. M. N. Hooker	St. John's School, Leatherhead
A. T. House	Haileybury and Imperial Service College, Hertford
Miss M. M. E. Hunter	Christ's Hospital, Hertford
R. P. Jenkin	Truro School, Cornwall
Miss R. Z. Johns	Goudhurst College, Nr. Nantwich, Cheshire
C. B. Jones	Monmouth School
R. P. Juniper	Highgate School
J. R. P. F. Liddiard	Cheltenham College
D. H. Lynn	Collyer's School, Horsham
S. J. MacKay	St. Alban's School, Herts.
J. V. Maddison	Dulwich College
J. W. Mellors	Repton
R. J. T. Miles	Epsom College
T. J. Miramms	Sevenoaks School
J. D. R. Nicholas	Monmouth School
R. D. Owen	Royal Grammar School, High Wycombe
P. J. Phipps	Isleworth Grammar School
D. H. Richards	Crypt School, Gloucester
D. A. S. Roberts	Malvern College
E. V. Roberts	Alun Grammar School, Mold, N. Wales
S. I. M. Robinson	Edinburgh Academy
A. M. G. Rounsefell	Oundle
J. A. Smith	Grammar School, Tonyrefail, Glam.
R. J. Tate	Epsom College
N. J. Trayfoot	Bournemouth School
D. A. Trott	De La Salle College, Jersey, C.I.
Miss J. P. Whittam	High School for Girls, Clifton, Bristol
A. G. Williams	Sir Thomas Rich's School, Gloucester
A. G. Winchester	County Grammar School, Bexhill-on-Sea
W. A. Wood	Maidstone Grammar School

2nd Year B.D.S. Students

J. L. Alexander	Dulwich College
B. K. Arthur	St. Alban's School, Herts
J. M. Brown	Oundle, Peterborough
Miss H. E. E. Cash	Cheltenham Ladies' College
R. T. Chance	King Edward's School, Stourbridge
I. G. Crossman	Latymer Upper School, London, W.6
G. Dexter	Wyggeston Boys' School, Leicester
P. M. Everett	Westcliff High School, Westcliff-on-Sea
D. J. F. Gurney	Latymer Upper School, London, W.6
Miss J. A. Hall	Cheltenham Ladies' College
R. N. Hardy	Christ's Hospital
M. R. Heath	Cranbrook
E. M. Hoskins	King's College School, Wimbledon
E. A. L. Jones	Epsom College
J. G. Mitchell	The Grammar School, Reigate
M. J. Mitchell	Wyggeston Boys' School, Leicester
J. Neale	The Grammar School, Kettering
H. W. Preiskel	St. Paul's School
R. C. G. Rowe	Christ's Hospital
Miss S. Tee	Christ's Hospital, Hertford
Miss S. E. Thickett	The County School, Enfield
Miss A. R. Thomas	Blackheath High School
P. J. S. Turner	Barnhill School, West Wickham
A. M. Wengraf	Bryanston
H. A. Wilen	Taunton School

2nd Year L.D.S. Students

P. A. Chamberlain	Charterhouse, Godalming
G. W. Cooke	Marist Brothers' College, Johannesburg, S.A.
C. R. Darracott	Rydal School
T. J. Freeman	County High School, Buckhurst Hill
P. J. Haworth	St. Benedict's School, London, W.5
D. A. Leighton-Goodall,	Wellington College, Crowthorne, Berks
J. L. Schoeman	Jan van Riebeeck High School, Cape Town, S.A.

J. F. Sharp	The College, Bishop's Stortford
Miss J. Taylor	High School for Girls, Oswestry, and High Wycombe
W. T. Treadwell	St. Benedict's School, London, W.5
A. G. Wallace	King's School, Rochester

3rd Year L.D.S. Students

R. W. W. Betts	The Leys, Cambridge and Clare College, Cambridge
J. J. Mather	Mill Hill; Pembroke College, Cambridge and St. Mary's Hospital Medical School

CLINICAL ENTRY—OCTOBER, 1957

B. Blackwell	Kent College and Queen's College, Cambridge
C. C. Chan	Methodist Boys' School, Kuala Lumpur and Christ's College, Cambridge
R. J. Cockerill	Dulwich College and Caius College, Cambridge
R. A. F. Cox	Ashby-de-la-Zouch Boy's Grammar School and Caius College, Cambridge
Patricia H. Curry	Bede Grammar School and Girton College, Cambridge
N. J. Cross	Epsom College and Caius College, Cambridge
E. J. W. Gumpert	The Leys School and Queen's College, Cambridge
I. W. F. Hanham	Uppingham and Emmanuel College, Cambridge
P. W. R. Harris	Epsom College, and Corpus Christi, Cambridge
W. G. Hartfall	Repton and Queen's College, Cambridge
R. J. Heald	Berkhamsted School and Caius College, Cambridge
C. N. Mallinson	Cheltenham College and King's College, Cambridge
I. C. McLellan	Stowe and Peterhouse, Cambridge
S. R. Meadow	Bromsgrove School and Worcester College, Oxford
P. J. F. Nicholson-Lailey	Downside School and Sidney Sussex, Cambridge
I. D. B. Rennie	Winchester and Clare College, Cambridge
S. O. B. Roberts	Wintringham Grammar and Sidney Sussex College, Cambridge
M. T. Scott-Kerr	Cheltenham College and Pembroke College, Cambridge
T. Sherwood	Guy's Hospital Dental School
R. H. C. Vaux	Marlborough College and Clare College, Cambridge
R. C. Westbury	Westminster School and Peterhouse, Cambridge

APPOINTMENT VACANT

Applications are invited from candidates with good administrative experience for the post of **Administrative Sister** with a view to possible promotion to Assistant Matron. Whitley Council salary and conditions. For further particulars apply the Matron giving particulars of experience and names of three referees.

PASS LIST

UNIVERSITY OF LONDON

M.D.

September, 1957

Pathology (*Morbid Anatomy*)

R. A. Parker

NURSING NEWS

The following changes have taken place amongst the Nursing Staff :—

Left :
Sister R. Coombe.
Sister Osmond Smith
S/M Lee.
S/M Parry.
S/M A. Blinkhorn.
S/N D. O'Connell.
S/N D. J. Smith.
N/N E. Spicer.

Entered :
Sister Galbraith to *Evelina.*
S/M P. D. Martin to *Victoria.*
S/M I. Boyd to *Victoria.*
S/M J. Lively to *Nuffield D.*
S/M H. Gain to *Nuffield D.*
S/N D. Vellenoweth to *Night Duty.*

Promotion :
Sister Parry to *Victoria.*

Evelina

Left :
S/N J. Perkins.
S/N S. Robinson (26.10.57).
Sister J. Webster (26.10.57).

Transferred :
Sister Gabain to *Diplock* from *Charlotte* Ward.
Sister Godson to *Charlotte* from Guy's.

Entered :
Sister P. Galbraith to *Surgical II.*
Sister Jones to *Evelina Theatre.*

PAPERS BY GUY'S MEN

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COX.—On 27th September, 1957, at Nuffield House, Guy's Hospital, to Betty, wife of A. G. C. Cox, M.D., M.R.C.P., a daughter (Anne Patricia).

EMERY.—On 2nd September, 1957, at Cardiff, to Beryl (née Davis), wife of L. L. Emery, M.B., B.S., a son (Mark), a brother for Megan, Paul and Clare.

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O'BRIEN.—On 19th August, 1957, at Guy's Hospital, to Shirley and Pat, a daughter (Helen Elizabeth).

RIGBY.—On 9th September, 1957, at Queen Charlotte's Hospital, to Dorothy Jean (née May, S.R.N.), wife of Norman Rigby, M.B., B.S., a son (Francis Ian).

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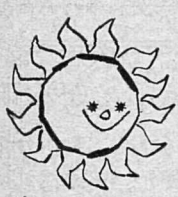

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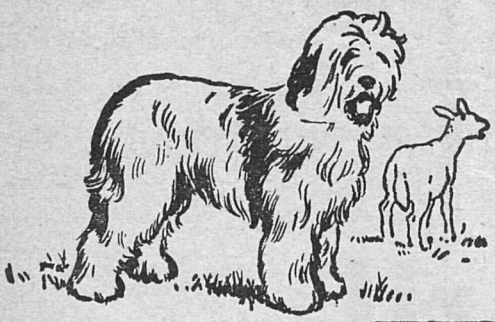

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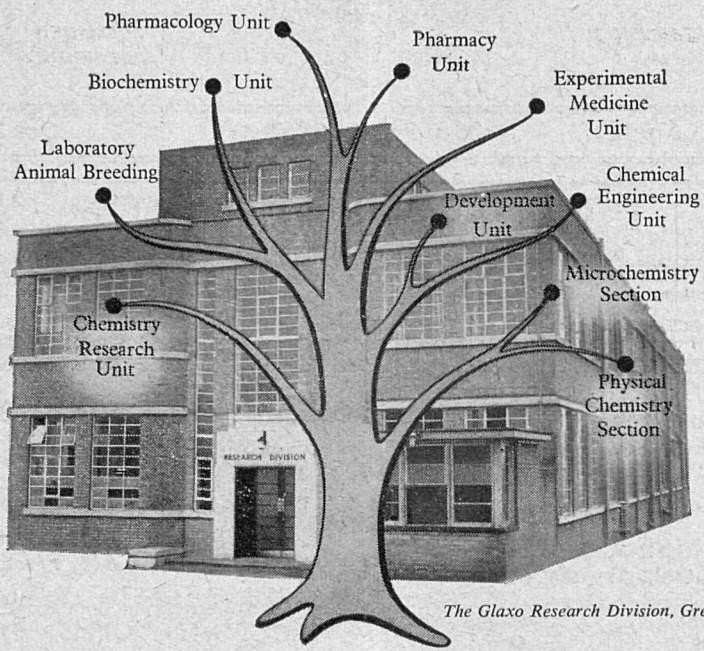

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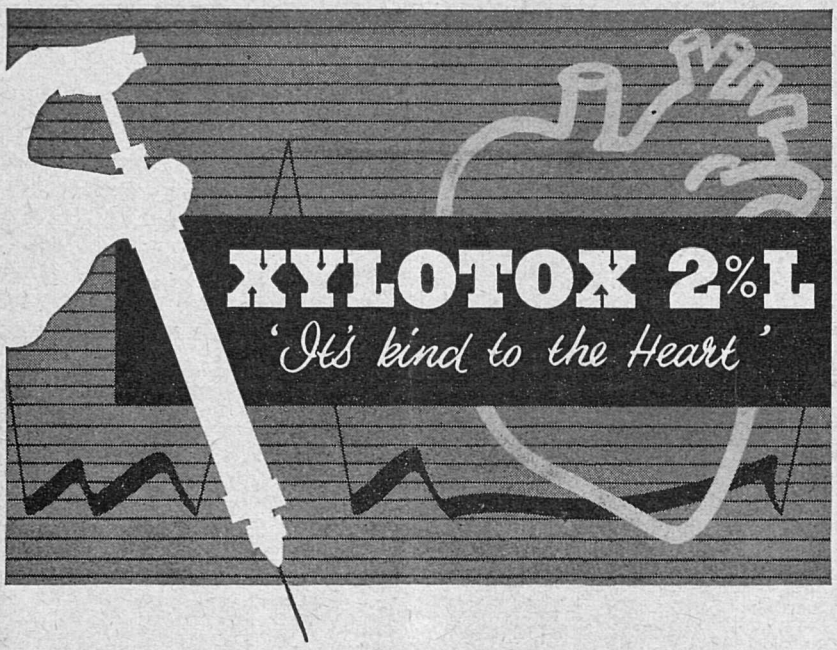

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PASSIM

A week or so ago a phrase in the newspaper caught the eye ; ". . . apparent lack of vigour with which some fundamental problems were being faced by the Ministry". The phrase is taken from the report of the Commons Select Committee on Estimates, and the Ministry referred to is the Ministry of Health. This ministerial child cannot be said to have had a happy youth or to show any promise of great things to come when it reaches its prime. It has usually been under fire for something, particularly since the conception of the National Health Service ten years ago. A current example is its attitude towards a recent visitor to its department, the virus of Asian influenza.

For some time it has been evident that the Asian virus would reach this country in its travels around the world, and it has also been evident that though the clinical course of the illness is in many cases mild, it also accounts for more deaths than the "normal" epidemic of influenza. This has been borne out by the figures published for influenzal deaths here this year. In these days of scientific achievement one might have expected that a vaccine would be promptly manufactured, in view of the evidence already present, and also for the benefit of the general public, who had received much picturesque publicity about this disease. America and France, among other countries, had already given the lead. But no ; the Ministry reassured us that the disease was a mild one, and that the thing to do was to take a couple of aspirins and go to bed for five days. The result is that the number of influenzal deaths is much bigger than it should be, and that countless people are languishing in their beds. It is a wonder that the buses and trains are still running, and that the milk and the post continue to be delivered. Perhaps the worst is yet to come ; perhaps we will soon see some sinister undermining of the national economy. In this Hospital, routine admissions have been stopped, and some hundred nurses are off sick ; many students are similarly away from work, and some have been prevented from taking their examinations.

Somewhat belatedly, a vaccine was made, and it was to be distributed to hospitals and general practitioners. Later, a circular came round explaining that as the supply was so limited it would be possible to vaccinate only a small proportion of people. At this Hospital, and apparently most of the London Teaching Hospitals, there was sufficient for about 250 vaccinations. (There was one exception to this ; the hospital where the vaccine was tested was able to obtain enough to offer vaccination to all the hospital personnel and to distribute it to its group hospitals.) This was really rather

worse than useless, and by now many people probably feel that the thing isn't worth having anyway. There is perhaps some crumb of comfort in the fact that the British Homeopathic Society has manufactured an oral vaccine, which appears to be readily available.

It may be countered that the Asian virus has not been definitely incriminated in all the deaths, that any pyrexial illness raises the cry "I've got the Asian" and is an excuse for a few days in bed, and that the vaccine is an unknown quantity. Nevertheless the Ministry is not exonerated from considerable lethargy in these matters. They lagged behind in the matter of the poliomyelitis vaccine, and they now announce that although they have arranged for the Salk vaccine to be available here, testing will not be finished before the end of the year, and injections will have to be crammed into the early part of next year before the season of peak incidence. It is to be hoped that they will not always be so idle.

A correspondent on page 427 voices what is probably a valid complaint concerning ward-clerks and investigations. An investigation that has not been done is a common cause of friction on all firms, but one which could be avoided with a little thought. Whether it is wise to add to the multicoloured reams of paper which make up a patient's notes is a matter of opinion. Most wards have notice-boards, and it would take only a considerate houseman and a co-operative firm of clerks to make the best use of it.

Six months ago some critical comments were made in the *Gazette* about certain grammatical aberrations in the Final M.B. examination papers. The result was that a few candidates from Guy's were asked if they were the Editor of the *Gazette*. In the interests of the present candidates, therefore, no comment will be made this time.

Below is to be found another notice about the Grand Ball at the Festival Hall at the end of November. This is an enterprising venture on the part of the Clubs' Union, and it deserves the greatest success. We hope that it will get the fullest support, not only from the Hospital, but also from old Guy's men, their wives, and their friends.

We commend the effort of Mr. R. B. Huddy, a second-year clinical student, whose ingenious letter on the dangers of cigarette-smoking was published in the *British Medical Journal* for 5th October.

NOTICE

"A GRAND BALL"

A Grand Ball organized by the Nurses, Physiotherapists, and Radiographers, together with the Clubs' Union, will be held on Friday, 29th November, 1957, at the Royal Festival Hall.

Dancing from 11.0 p.m. till 5.0 a.m. will be to Bill Savill and his Orchestra. A continuous buffet will be available from midnight till 3.0 a.m., and breakfast between 4.0 a.m. and 5.0 a.m.

Tickets (Double) £3 0*s.* 0*d.* (including buffet and breakfast) may be obtained from Mr. J. Goodliffe, Guy's Hospital Medical School. London Bridge, S.E.1.

GUY'S DIARY

OCTOBER			Exhibition. Department of Surgery. *Haematemesis.*
28th	M	4.30	Dr. P. M. F. Bishop. Endocrine Demonstration. *Acromegaly.* Preclinical classroom. Guest Speaker : Mr. Murray Falconer.
29th	T	1.00	Mr. W. D. Doherty. Clinical Lecture. *Prostatic Obstruction.*
NOVEMBER			Exhibition. Department of Surgery. *Suprarenals.*
2nd	S		Rugby 1st XV *v.* Old Blues (H.O.P.).
4th	M	1.00	Mr. K. Hooper. Dental Clinical Lecture. *Removal of Roots from the Maxillary Antrum.*
		4.30	Dr. P. M. F. Bishop. Endocrine Demonstration. *Hirsutism.* Preclinical classroom. Guest Speaker : Dr. W. H. Merivale.
5th	T	1.00	Mr. P. W. Clarkson. Clinical Lecture. *The Art and Principles of Plastic Surgery by Sir Harold Gillies.*
6th	W	4.45	Science Club. Dr. D. G. Evans. *The Testing of Poliomyelitis Vaccines.* Staff Common Room.
7th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture.
		4.30	Physiological Society. Mr. J. N. Crossley. *High Altitude.* Physiology Theatre.
8th	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *Asian Influenza.*
9th	S	10.00	Department Round. Mr. C. Naunton Morgan. Rugby 1st XV *v.* Birkenhead Park (Birkenhead).
11th	M	1.00	Mr. R. J. Cann. Clinical Lecture.

OBITUARY

A. J. CLEVELAND, *O.B.E.*, M.D., F.R.C.P.

We regret to announce the death of Dr. A. J. Cleveland, who qualified at Guy's in 1897.

A. B. S. writes :—

I only knew Dr. A. J. Cleveland in the last eighteen months of his life but I often met him during this period as, for a time, we were neighbours in the Cathedral Close at Norwich. Until the last three months of his life he retained to a remarkable degree the intellectual powers which had brought to him a career of distinction as a physician in the city of his adoption, and his memories of the Guy's of his day were so clear and interesting that I tried to persuade him to write of them for the *Gazette*—but without success. He was appointed medical registrar to Guy's in 1898, in succession to Dr. John Fawcett and three years later was succeeded by Dr. Herbert French. During French's tenure of office the post of a second medical registrar was created. Mr. Philip Turner was appointed the second medical registrar until he transferred to the surgical side (is he the only Guy's surgeon to have been medical registrar ?) when Dr. Hugh Barber succeeded him. The mantle of "senior" of Guy's medical registrars thus now passes from Dr. Cleveland to Dr. Barber of Derby.

In 1902, Dr. Cleveland came to Norwich where he was physician to the Norfolk & Norwich Hospital until his retirement from the active staff in 1937. For many years he had had a wide reputation as an after-dinner speaker, he was a historian and fisherman, and in 1942, when a man of seventy years, spent an energetic year as Lord Mayor of Norwich. He remained an active worker until the last three months of his life.

THE DENTAL BALL

SAVOY HOTEL 31ST OCTOBER

MENU

At Reception : *Paillettes* *Chips* *Olives* *Amandes*

Le Consommé Madrilène en Tasse
La Galette au Parmesan

Le Délice de Sole Cardinal

Le Poulet du Surrey Bonne Maman
Les Pommes Succès
Les Pétits Pois Fins au Beurre

La Poire Belle Helène
Le Rocher Glace
Les Mignardises

Le Café

The Lancaster Room and Parlour have been booked for the evening. It is suggested that guests use the Embankment entrance since it adjoins the reception rooms.

Sixty Years Ago

From Guy's Hospital Gazette, 23rd October, 1897.

It is curious that the exigencies of mere chance should often lead us to make friendships which last for years and often for life. The casual bracketing of Mr. A and Mr. B on the dissecting-room ticket, and a subsequent introduction through the agency of a head and neck, is often as binding as the whole triple banned, complex apparatus of the marriage service. Moreover, not only is this friendship frequently of a lasting character, but it is still more frequently of a very peculiarly exclusive nature ; that is to say, the two men whose friendship has been bred in a common ignorance of anatomy, continue their intimacy in the mysteries of chemistry and the humours of physiology ; nay, more, they lunch together and even take their amusements in concert. Should a student be noticed leaving a class or a demonstration, his immediate follower is pretty sure to be his fellow dissector; should a student be noticed stealing gently from the lecture theatre at, say half-past nine, the man for whom he holds open the swinging door is sure to be his dissecting-room friend.

A rather funny incident occurred during the round of one of our senior surgeons one day last. A jovial old fishmonger of not too temperate habits was in for double Dupuytren's, or as we have been told it ought to be called, Astley Cooper's contraction. The surgeon had been discoursing upon the relation of the condition to constitutional gout, and on seeing some small nævoid spots on the man's chest, was going on to relate the views of the President of the Royal College of Physicians on the subject. He got as far as "You know, Wilks," when he was interrupted by the patient boisterously exclaiming, "Should think I do—sold 'eaps of 'em."

(Culled from an Anatomy essay by a Board School boy)

Description of our body.

Our body is divided into two parts the upper part is called a cheast the lower is called an abandon the cheast and abandon together is called a trunk At the back of our head is our brains down the front of our throth is our wind-pipe if our windpipe had any food down it we should choke. Signs of life are winking warmth breathing moving our arms are wider apart than our legs so that we can take hold of things better we are quarter our size when we are born half when we are nine as big as we are going to be when we are 21.

HORACE WALPOLE'S QUINSY

By T. B. LAYTON, *D.S.O.*, M.S.

PART II

On Faulty Hygiene

I think it must have come from faulty hygiene. Inflammations of the throat from this had almost ceased to occur by 1947, but they did arise from time to time from two causes. The one was overcrowding and deficient ventilation. This had happened in destroyers during the late war. To live, to sleep, and to feed in the same enclosed space is never good sanitation, but in the navy, in peace, it could be counteracted. There was the whole sea around for the reception of waste products ; and there were but few weathers in which the port-holes could not be opened at least for a short time for through ventilation. In war-time the sea is still there to receive waste but once aeroplanes had begun to take the place of battle-ships not only were the port-holes never opened, they were battened down. Further the number of young men living in this confined unventilated space was increased by the addition of anti-aircraft crews and other personnel. At one clinic I saw a number of these cases. The tonsils were enlarged but it was a flat boggy bigness shared by every other scrap of the sub-epithelial lymph nodes scattered all over the pharynx. The nodes in the neck were in many also big. But what was so characteristic, as almost to be diagnostic, was that when asked whether they had had any pain on swallowing they would put the right hand behind the left side of the mandible, sweep it downwards, and then across the neck between the jaw and the hyoid bone to a similar position on the right side. This is quite distinct from the patient that has an inflammation of the faucial region. When asked to swallow, after collecting some spittle in the mouth, will hesitate, with the head a little forward, and then do so hastily, wrinkling the brows and screwing up the eyelids. This indicates that the inflammation is in the faucial region, the sweep of the hand that the brunt of the attack has affected that large area of mucous membrane of the lower pharynx that we cannot see with the use of the tongue depressor.

There is some suspicion that Walpole may have suffered from this type of inflammation of the upper respiratory tract. Not trusting the local doctors at Reggio Spence had sent, in great alarm, to Mann " the minister at Florence " for his friend Dr. Cocchi the leading physician there. From a letter from Mann to Walpole of May 30th (Yale Ed. Vol. 17) we learn that Cocchi had written to him as soon as he had seen the patient. Horace Mann was undoubtedly worried—with the son of his chief, Sir Robert, the Premier of England, at death's door, in a duchy, neighbouring on the one to which he was attaché, but which apparently had no English representative, he may well have been so. He must have felt that he was responsible for the young man, so soon after he had left his house, after a nearly year's stay there. In this letter Mann says :

> " I must tell you I wrote Gal (*i.e.* Galfridus Mann his younger brother) to tell him you had been ill of a cold at Reggio, but you were then much better which he might tell Mr. Oswald (Sir Robert's steward) in case by other means Sir Robert might be alarmed.
>
> " I have received other letters by a ' pedine ' (foot soldier). I read Dr. Cocchi's first as I charged him to be particular and conceal nothing. He has confirmed the good news Mr. Spence wrote. I am sorry to find Cocchi has quitted you so soon, or before the swelling in parotides as he calls them (which I find are commonly called the almonds of the ears) was down, but he assures me you will soon be quite well and that you had no fear ".

Did he have mumps ? or were " the almonds of the ears " enlarged lymph nodes similar to those in the sailors in destroyers ? Who shall know ?

But neither mumps nor deficient ventilation seem quite to fit the picture. Alternatively, and more probably, it may have been due to "sepsis" in its original meaning, before we surgeons claimed it as our own. It was synonymous with " decomposition " and still remains so in the terminology of the chemist to the modern sewage works when the oxygenation goes wrong by flooding from excess of rain, or other cause, to the great distress of those that dwell thereby.

' Drains ' do not figure in our pathology today. When I was a boy they did in non-professional talk very much ; which means that could we go back

another twenty years they were often on the tongue of the doctor and thought to be a common source of illness. Only the harm was not from cess-pools, but cess-pits. When we compare the time since man enclosed himself within city walls to that at which these cess-pits left us, they are very near. From time to time the owner of a house in the Harley Street area finds a concrete lined cavity under his kitchen. When the inverted cones, that he keeps as antiques upon his railings, were in use for the link-boy, to put out the torch that lit the way, for her ladyship returning from the opera, this was the cess-pit of the house. A similar larger space under the Apothecaries Hall, in which I slept during the Blitz, is believed to have had the same origin.

Sir William Hale-White started as a student just thirty years before I did, before streptococci or Kochs bacillus or the K.L.B. were heard of. He told me one day that once only had he thought an illness, and that was diphtheria, to have been brought on by " Drains ". It was in one of the stately homes of England in which the common cess-pit was in action directly under the study window of the owner who was the patient.

A cess-pit in full daily working order came with my own experience once. It was no further away from us than Reggio, being in Vienna in 1912. It was in a Schloss outside Wien to which Maria Theresa used to go when needing a rest from the Hofburg. After her son—whose birth detained Walpole and Gray in Florence from March to April, 1741 (Walpole's *Letters* No. 39)—had founded the Krankenhaus the town had spread out to it and there it was in the Währinger-Strasse, surrounded by " Cottagen "—a word that they had borrowed from us to indicate a type of house for which we have borrowed another word from Italy and called a " villa ". This Schloss had been divided up into " appartements " in one of which I lodged with a delightful middle class family. The rooms were magnificent but when the " abendessen " was over, great settees were dragged out from the walls and their backs let down so that my hostess—a widow—her mother, and her daughter could go to bed in them, and when all this began I retired to my small room off the salon and wrote up my notes of what I had studied during the day, thus keeping early hours ; but when I had been to the opera or otherwise stayed out late I had to go through the bed-room of her son—a young " Fähnrich " in the " Train "—to get to my own. Between the two was another door under which I saw the glimmer of a small oil lamp kept burning all the night. Had I peeped in I should have seen two-thirds of the space occupied by a large wooden box with two steps up to it and in the centre a raised—but enclosed—seat with a back to it. And to this the young specialist would have had to resort had he been called to it at night-time.

And so it was in Reggio one hundred and seventy years before, with every house in it like that of the Queen of Hungary as Maria Theresa was then entitled to be called. When first they went to Florence they had, as Gray wrote to his mother in December, 1739, " proceeded through Reggio to Modena" (Letter 76). He seems to have heard during the fifteen months they were in Florence that Reggio had an unsanitary reputation for in his letter of April 14th he had written " Yet is the city of Reggio but one step above old Brentford " (Letter 97) which seemingly was a by-word. Writing three weeks later after they had got there Walpole also speaks (Letter 40) of it as " such a dirty little place ".

Now when a cess-pit is full it is easier to move to another spot if not in a house than it is to empty it and to clean it. And so, in such a place, there may be one under your feet anywhere or in the surroundings of the building.

It is quite easy under such conditions to lay your dining table on the top of one. I know this, because I have done so in a disused Turkish Police barracks at Katerini under Mount Olympus up in Northern Greece. I lost thereby my best officer for near a year, but his illness was dysentery which Walpole's " sort of quinsy " certainly was not.

There is difficulty in determining the nature of the organism causing such a lesion. We do not even know they still exist or whether their descendents have not gone back into what may have been their first function in nature—the return of living matter to the mineral world by means of the foulness of decomposition or the cleanliness of the compost heap. If every fissure of a microbe means a generation, should there not have been time for this to have happened in an organism so simple that it had not even attained a nucleus ? Contrariwise fresh organisms may have come into action. Walpole's quinsy was not diphtheria because that disease did not then exist. The Klebs-Loeffler Bacillus seems to have come into

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M.B., B.Ch.

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power early in the nineteenth century when Bretonneau sorted out the disease (Fagge, C. H. *Textbook of Medicine*, Vol. I, p. 272). Seemingly it came from filth devastating the poor both of London and of Paris. The latter we know from Axel Munthe in his *San Michele*. Our knowledge of the former is more subtle and veiled in the mists of time. It came from the look of fear and agony in the faces of women that had brought up their children before there was serum, and from the memory of men like Charters Symonds who had had charge of the tracheotomy ward in a hospital bordering on an area of desperate poverty. And then in the nineties man began to get control of this by his serum used at first in the treatment of the disease later as prevention. Has he yet driven that organism back into the filth, or just suppressed its new activities for the time ? Contrariwise have the micro-organisms of Reggio 220 years ago that may have caused this illness gone back, of their own accord, into compost making and ceased to worry the clinician ?

The hæmolytic streptococcus may be recognized historically from time to time from its manifestations as scarlet fever or erysipelas. There were no signs of these with Walpole, and there is another point upon which this organism may be put out of court on this occasion. When a person is desperately ill with an affection of the upper respiratory tract from this organism the brain scintillates with sparkling activity. A little girl may talk like a grown-up woman at a party at her best. A man may engage in conversation at the top of his form, and try to keep his doctor who was listening to him. It was one of the worse points in prognosis before the hæmolytic strep. went lazy and the sulphs were introduced to do the rest. That was not Horace Walpole. He was moping in his lodgings by himself.

Affections of this region by the staphylococcus were in my day rare, but when it got a grip of the patient its effect on the mind was just the opposite to the strep. and the patient might become everything that is nasty. I have known it possible to forecast a setback in a patient's condition by the way in which he would change in an hour or so from a pleasant fellow to a horrid little beast, and then change back to mental stability and charm as the result of therapy by giving blood.

I do not think that this was Horace Walpole. He reacted at once when Spence went to see him, and when on his leaving him he felt worse again he called to him for help. Had this been the staph. he might have grunted when Spence first came in, rolled over to face the wall, and refrained from summoning him again when he felt worse, however much he needed him.

There remain the " dirt organisms " under which I would include all those that revel in a lack of ventilation, that are present in food beginning to go bad left in the sick-room, and are found upon the human body, notoriously in woman's hair, and in the creamy discharge from a chronic running ear, which when sent to the laboratory used to be returned as being " of no pathological importance " until the Oxford School began that research that finally gave us penicillin.

The inflammations of the throat due to bad hygiene that I have known have come from young sailors in destroyers in the second war, and from dwellers in over-crowded basement tenements by the river bank bordering the Thames. A little fresh air in healthy surroundings will cure them at once. There are also those few housekeepers that just cannot keep the home under control, including most men that live by themselves. Walpole was, in spite of servants, for the time, one of these. Men were not made to live alone and the bachelor in a one-roomed flat is a physiological anomaly.

We still have to consider what it was that made him so very ill that he " was given over for five hours, escaping with great difficulty", and that Spence when called out of bed in the middle of the night found him scarce able to speak. With all this he seems to have recovered remarkably quickly. What then had happened to make Walpole think that he has been " given over for five hours " and Spence to end the letter to his mother thus? :

> " You see what luck one has sometimes in going out of one's way. If Lord L. had not wandered to Reggio, Mr. Walpole (who is one of the best natured and most sensible young gentlemen England affords) would have fallen a sacrifice to his disorder."

There is no doubt that he thought that he had saved Walpole's life by the precautions he had taken first of calling in the local G.P., and then summoning from Florence, perhaps two days journey away, the leading physician of the day in that part of the world. And yet it was not a very serious condition clinically so far as I can see. He recovered so soon.

SCHOOL OF NURSING—PRIZEGIVING

The annual presentation of prizes and medals took place on Wednesday, 25th September. The Physiology Theatre, kindly lent by Professor Spurrell, was filled. Lord Cunliffe, Chairman of the Board of Governors, presided and gave a short address of welcome.

Miss O'Toole, deputising for the Matron who was unfortunately ill with influenza, read Matron's report on the past year and future plans. These include withdrawal of the Nurses from the unit at Grove Park and increase in the numbers seconded to work at the Guy's-Maudsley unit. The completion of the new buildings at Holmesdale was mentioned and also the opening of the new house for the night nurses "Hilton House" near Kensington Gardens. In addition there has been extensive re-decoration in the Nurses' Home and provision of heating in the bedrooms; our thanks are due to the Board of Governors for this. Matron paid a tribute to Sister Janet's work during her 30 years service to the Hospital and welcomed Sister Audrey in her place. She also spoke of wastage of nurses during the fourth year of training. She pointed out that as Guy's offered a four year training, those nurses who left immediately after State Registration were throwing an added burden on their colleagues who remained. She asked for the co-operation of parents and head mistresses in pointing out to candidates that there were many hospitals offering a three year course, and to consider before selecting one which had a four year course.

Sister Marion Stockdale gave a report of the past year in the School of Nursing and Sister Relihan, a ward sister, gave an account of the work in the Eye Wards. Miss Duncombe, Lady Superintendent of the Evelina Hospital, also reported on the year's work.

The Superintendent made his usual excellent speech and told us that work on the new building was about to begin, the contracts were being signed in feverish haste in case the Government stopped the work !

The prizes and medals were then presented by Her Grace the Duchess of Norfolk.

MEDALS AND PRIZES FOR THE YEAR 1956—1957

THE GOVERNORS' PRIZE

Medical or Surgical books awarded to the Nurses obtaining the highest number of marks in the Examination on Pharmacology :—

1*st Prize*	August, 1956	Nurse B. Voase
	November, 1956	Nurse M. Thomson
	February, 1957	Nurse M. Chester
	June, 1957	Nurse G. Rogers
2*nd Prize*	August, 1956	No Prize
	November, 1956	Nurse E. J. Herbert
	February, 1957	Nurse M. Mayne
	June, 1957	No Prize

THE KEOGH PRIZE

Medical or Surgical books awarded to the Nurses obtaining the highest number of marks in the Examination on Surgery and Surgical Nursing :—

1*st Prize*	September, 1956	Nurse A. Carvell
	December, 1956	Nurse E. J. Herbert
	March, 1957	Nurse J. Lovegrove
	June, 1957	Nurse J. James
2*nd Prize*	September, 1956	Nurse J. Bingham
	December, 1956	Nurse M. Hutchings
	March, 1957	Nurse J. Hudson
	June, 1957	Nurse G. Rogers Nurse Y. Smith

THE GOVERNORS' PRIZE

Medical or Surgical books awarded to the Nurses obtaining the highest number of marks in the Examination on Medicine and Medical Nursing :—

1*st Prize*	December, 1956	Nurse M. Barnby
	April, 1957	Nurse K. M. Taylor
	May, 1957	Nurse J. Inkpen

2nd Prize	December, 1956	Nurse B. Pitt
	April, 1957	Nurse K. M. Jones
	May, 1957	Nurse P. Drury

THE GOVERNORS' PRIZE

Medical or Surgical books awarded to the Nurses obtaining the highest number of marks in the Examination on Special Diseases :—

1st Prize	January, 1957	Nurse B. Pitt
	April, 1957	Nurse G. R. Wood
	May, 1957	Nurse J. Inkpen
2nd Prize	January, 1957	Nurse B. Ellis
	April, 1957	Nurse K. M. Taylor
	May, 1957	No Prize

THE BERNARD LOFTUS BROWN PRIZE

Medical or Surgical books awarded to the Nurses obtaining the highest number of marks in the Guy's Final Examination :—

1st Prize	October, 1956	Nurse M. Fabling Nurse L. Stevenson
	February, 1957	Nurse C. Turner
	April, 1957	Nurse A. Phillips
	May, 1957	Nurse M. Quilley

THE MORRISON PRIZE

Medical or Surgical books awarded to the Nurses obtaining the second highest number of marks in the Guy's Final Examination :—

2nd Prize	October, 1956	Nurse E. V. Davies
	February, 1957	Nurse J. Grimsdale
	April, 1957	Nurse M. Cantrell
	May, 1957	Nurse K. Gillard

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL
SCHOOL OF NURSING
MEDICAL COMMITTEE PRIZES

Awarded to the Nurses gaining the highest marks at the Examination in :—

Surgery and Surgical Nursing :

1st Prize	March, 1957	Nurse S. A. Smith Nurse S. Hubbard

Medicine and Medical Nursing :

July, 1957	No Prize

Special Diseases of Children : No Prize

Hospital Final Examination : No Prize

CAZENOVE MEDALS

Awarded to the Nurses obtaining the highest aggregate number of marks in all examinations and taking into account their record of practical work :—

Cazenove Gold Medal : Nurse J. Grimsdale
Cazenove Silver Medal : Nurse M. Fabling
Cazenove Bronze Medal : Nurse B. Ellis

BUTTERWORTH MEDALS

Awarded after seven years' consecutive service to :—

Miss Janet M. Webster

The address by the Duchess followed.

The Duchess said that it was her first visit to Guy's, and she was looking forward to visiting the wards afterwards and meeting some of the 2,000 people that the Superintendent had mentioned as working in the Hospital.

She congratulated the prize winners and wondered how they could assimilate all the information contained in the learned-looking books she had handed them.

She said that she was sure that the nurses had discovered by now that anything worth doing was built up on self-discipline and sacrifice and often had no immediate material rewards. However, such work gave them the satisfaction of doing a job well and at the same time making others well.

She stressed that genuine sympathy for the patient was better than all the modern treatments and drugs, and that sympathy and kindness were two of the important virtues of a good nurse.

A vote of thanks was proposed by Nurse J. Grimsdale and seconded by Nurse M. Fabling.

THE 12th INTERNATIONAL DENTAL CONGRESS

The 12th International Congress of the Fédération Dentaire Internationale was held in Rome from the 7th to the 14th September, 1957. These major meetings of the international dental organization are held every five years. The last in 1952 was held in London, in the Festival Hall.

The site selected for the 12th congress was the magnificent exhibition area called E.U.R. (Exposición Universal de Roma) on the outskirts of Rome—about half-way to the port of Ostia. Originally designed for the World's Fair planned for but not held in 1942, many of the imposing buildings of E.U.R. are still unfinished and will eventually form part of the University of Rome.

The congress this year was the largest yet with approximately 7,500 registrations of active and associate members from 72 countries, and in addition, 2,000 exhibitors in the trade section. Of the members the second largest delegation, approximately 900, was from the United Kingdom and was only slightly smaller than that from the United States.

Guy's Hospital Dental School presented a 'Group Clinic' on the Monday. This consisted of projected clinics, table demonstrations, and a photographic exhibit showing the history of the teaching of Dental Surgery at Guy's, the gradual evolution of the Dental School curriculum, and examples of modern techniques illustrated by enlarged colour transparencies. It was hoped that this exhibit, the work of Mr. A. D. Robinson and the Dental Photographic and Medical Illustration Departments, would form a background for the table demonstrations in the Demonstration Hall, with an adjacent room for the projected clinics. Unfortunately the space allotted did not permit this arrangement, but the photographic exhibit and four table demonstrations were set up in the entrance hall leading to a lecture room in which the projected clinics were given.

The titles of the projected clinics were :

The physiology of chewing	Dr. D. J. Anderson.
Lesions of the oral mucosa featuring abnormalities of keratinization	Mr. B. E. D. Cooke.
Localised gingival recession	Mr. R. D. Emslie.
Injuries of the teeth	Professor W. E. Herbert.
Sensitivity of dentine	Mr L. V. Howard.
The physiological regulation of salivary secretion in man	Mr. A. C. Kerr.
Physiological tooth movements in man	Mr. D. C. A. Picton.

Table demonstrations which were repeated on other days were :

The problem of the lower free-end saddle denture	Mr. D. J. Neill.
Design in bridge-work	Mr. W. A. Vale.

The projected clinics of Dr. Anderson and Messrs. Howard and Picton were also illustrated by table demonstrations.

Two of Guy's representatives acted as Co-reporters on different specialties : Professor M. A. Rushton on 'Diseases of the lips' in the session devoted to 'Correlation of oral and general diseases', and Mr. W. J. Tulley on 'Functional aspects' in the session on 'Diagnosis in dento-maxillo-facial orthopædics'. In the programme arranged by A.R.P.A. (the international periodontal society) Mr. R. D. Emslie reported a study on 'The incisal relationship and periodontal diseases'.

An interesting programme of social functions had been arranged, which included a mammoth cocktail party in Michelangelo's superb cloisters at the Terme di Diocleziano (a National Museum), and in honour of the Congress a gala per-

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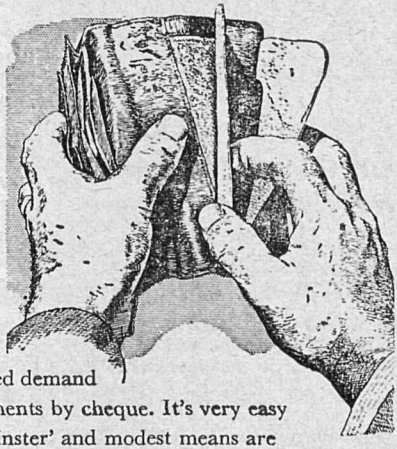

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formance of 'Aida' in the open-air theatre in the ruins of the Terme di Caracalla. This magnificent spectacle, presented on what is said to be the largest stage in the world, where a chariot drawn by four spirited horses did not seem out of place, was watched by an enthusiastic audience of 10,000.

Few Congresses can have had a setting of such absorbing historical interest as the Eternal City, and the energetic sightseers were amply rewarded on their expeditions. Certain personal memories are outstanding : the excitement of the thousands massed in St. Peter's at the Papal audience on the Sunday afternoon, the illuminated fountains in the gardens of the Villa d'Este at Tivoli, the prodigious Vatican museums, the legendary Trevi fountain, and the speed and noise of the Roman traffic.

NOTE.—The Photographic Exhibit will be on view in the Dental Department (Conservation Room) for two weeks from Monday, 4th November.

R.D.E.

CORRESPONDENCE

Letters to the Editor of the Gazette

The New Guy's—Interior Decorating

From Sir John Conybeare

SIR,—All Guy's men, past and present, will have been deeply interested in the articles by Mr. Lees Read and Mr. Alexander Gray on the rebuilding of Guy's. Both the planning and the structural aspects are dealt with lucidly and in considerable detail. May I venture to hope that the Committees which have done so much able work in so short a time will not overlook the problems of interior decorating. In the past it was customary in many hospitals for the walls of both corridors and wards to be painted in one or sometimes two shades of "hospital green" or worse still in brown.

Those who were present at the stimulating lecture given by Mr. Peter Haynes to the Art Society last year on "Colour in Building" will realise how much can be done to abolish or at any rate to minimize the somewhat drab and institutional aspect of hospitals, particularly the older ones.

Those privileged to visit Queen Alexandra's Military Hospital (Millbank) can see an example of what can be achieved by colour in a hospital over half a century old.

Yours etc.,

J. J. CONYBEARE.

14, St. Thomas's Street,
London, S.E.1.

Naming the New Surgical Block

SIR,—In selecting a name for the new Surgical Block, I feel very strongly that the name of a renowned Guy's Surgeon should be honoured.

The first three suggestions listed by Mr. W. D. Doherty have very definite disadvantages. The prefix 'New' will become an anomaly. In an era when so many things derive their name from Royalty I think that Guy's should show more originality. If the name "Queen Elizabeth's House" were used, it might be necessary to specify II or the Queen Mother. Finally, the use of Thomas Guy's first name would appear to me to be most inelegant.

Yours etc.,

T. DONALD KELLAWAY.

Department of Pathology,
University of Cambridge.

SIR,—I suggest the Surgical Block should be named "Lane's House", after Sir William Arbuthnot Lane.

Yours etc.,

FRANK MARSH.

Palmer's Hill,
Epping, Essex.

SIR,—In the interest of euphony and to commemorate one of the great surgeons of Guy's, the author of "Rest and Pain", I suggest the name of "Hilton House" for the new Surgical Block.

Yours etc.,

Hatherly House,
South Molton, North Devon.

R. A. NASH.

SIR,—Surely, for us, neo-Elizabethans, the most appropriate name for the new Surgical Block would be Queen Elizabeth the Second's House.

Yours etc.,

Headquarters,
Northumbrian District,
Catterick Camp, Yorkshire.

R. S. VINE.

SIR,—May I suggest that on historical and geographical grounds the naming of the new Surgical Block "Bermondsey House" has much to recommend it. To do so would leave the way open to naming any future Medical counterpart "Southwark House." It is these two boroughs which have looked to Guy's, and which Guy's has served—to their mutual benefit—since its foundation.

Yours etc.,

Newtown House,
Beaminster, Dorset.

E. A. PENNY.

SIR,—Unless the wish is to commemorate one particular Guy's benefactor (and how to choose from so many !) one word, in such a connection, instantly springs to one's mind.

Not far away, in the south portico of St. Paul's, a Phœnix is depicted symbolising a similar crisis. As Phoenix also means "paragon", "model of excellence" (O.E.D.), it would express everyone's hopes.

I submit the name Phœnix Surgical Block.

Yours etc.,

15. Lower Green Road,
Rusthall, Tunbridge Wells.

W. GRANT OLIVER.

EDITOR'S NOTE.—Would the author of the poem "What's in a name ?" please send his name into the *Gazette* office ? We would like to remind our potential contributors of the custom that they should send their names at least as a token of good faith, if not for publication.

Science Club

SIR,—May I ask the hospitality of your pages to issue a warm invitation to all members of the Teaching and Research Staffs of the Hospital and the Schools to attend the meetings of the Guy's Science Club during the coming session ? Meetings are usually held on the first Wednesday in each month during Term at 4.45 p.m. in the Staff Common Room, by kind permission of the Dean. Tea is served before each meeting at 4.30 p.m. Notices of speakers and subjects are published both in the Guy's Diary and on various notice boards about the precincts of the Hospital.

The first meeting of the new session will take place on Wednesday, November 6th at the time given, when a discussion on "The Testing of Poliomyelitis Vaccines" will be opened by Dr. D. G. Evans, Head of the Biological Standards Control Laboratory of the Medical Research Council. Newly-appointed members of the Staffs will be very welcome at this meeting.

Yours etc.,

G. A. K. MISSEN,
Honorary Secretary, Guy's Science Club.

Guy's Hospital, S.E.1.

Modern Maladies—Old Philosophies

From Dr. H. St H. Vertue

SIR,—Against Dr. Montgomery's letter I must make a protest. Oh ! Patrick Montgomery, how *could* you ? My participles never, never float ! I thank you for your kind interest ; but can you not see that the participle "supposing" agrees with the relative pronoun "who", which in turn refers to the proper noun "Aristotle" ? Evidently not, for you have cut my perfectly clear and simply constructed sentence in half, have laid a mangled and meaningless moiety before the coldly astonished gaze of Guy's, and have then complained that it is "anglicized Aristotelian", which seems to you to need explanation ! But I forgive you. I recognise only too well the decay that is overtaking our uninflected language. Nothing soon will serve but infantile compositions of subject, object, verb and naught beyond.

Dr. Montgomery mentions two other matters as well. He imputes to me an antipathy to Aristotle, which a subsequent article will have shown that I do not possess, and he states his opinion that modern science does not deal with final causes. The final cause supplies the answer to two questions.—What is the end ? What is the good ?—and the opinion advanced seems to be that science, having propounded the questions, declines the responsibility of finding the answers. The accusation is a grave one, too grave to go into here.

Yours etc.,

Larch Tree Lodge,
37, Tower Road,
Orpington, Kent.

H. St H. VERTUE.

Ward-Clerks and Investigations

SIR,—It is a constant complaint of housemen that their ward-clerks have not carried out the investigations they have been asked to do, and I feel that this is often due to their not having seen the instructions on the bed-letter. The times that a ward-clerk can do venepunctures, etc., is governed by the requirements of the laboratories, the hours he is allowed on the wards and his other commitments. At the time when he is considering doing these investigations the bed-letters are often in the drug cupboard or piled up in the sister's office. If he wishes to have a look at one, he will often have to ask a nurse for the keys or bother nurses putting out the drugs. Sometimes if he thinks that any more investigations are unlikely he may be tempted not to make a nuisance of himself in this way.

Although this difficulty is most obvious on the medical wards, I should like to suggest it is sufficiently widespread for an alternative method to be used. Of course many housemen very kindly put the investigations up on the notice-board and this is much appreciated, but it would be more convenient for all concerned if they could be written on a small card about the size of a postcard marked "investigations". This could be kept in the rack on the end of the bed, and if it was not put into the folder it would be easily accessible.

I feel that by making it easier for the ward-clerk to see the instructions, there would be fewer delays and causes for complaint.

Yours etc.,

Guy's Hospital, S.E.1.

C. McL. MADDOX.

SPORT

RUGBY FOOTBALL

Guy's v. United Services Portsmouth

At Portsmouth. 5th October, 1957

Result—Lost 21-6

This was the Hospital's first away game of the season, and a disappointing match it proved to be for Guy's players and spectators alike. Although the Services had brought in two new centres and the stand-off half after their heavy defeat to Northampton the previous week, the Hospital lost, not so much to a superlative side, but more to a combination of their own sub-standard play, and to some extent ill-luck.

The first try to Portsmouth came as an unexpected blow. Cowan the U.S. centre from well outside the Hospital 25, kicked ahead, and Duff raced for the ball as it passed over the line, but the U.S. forwards and their wing three-quarter were following up hard, and the referee awarded a try to the home team, when one of their forwards fell on the ball, it having slipped out of Duff's grasp. P. W. Lewis converted, and the Services were five points ahead after three minutes.

Their next try followed an almost identical pattern. In this case their left wing three-quarter, kicked ahead after an orthodox movement which had not gained much ground, and

again in the struggle for possession of the ball which had gone over the line, the bounce went well for Portsmouth and they scored their second try between the post and the left corner flag, which Lewis again converted.

For the whole of the first half, neither side played really well. Guy's seemed to be somewhat unnerved by the two tries and play became a little wild and erratic. The Hospital centres in particular, usually with a good service from Hackett, got nowhere in their orthodox movements. More often than not, their tendency to run across the field actually lost ground, and it was rarely that they showed any semblance of a dangerous move in attack. The form of the pack particularly in the second half was very much improved in comparison with previous games. Patterson, the Cambridge hooker although playing out of position at wing forward, played a useful game, and the partnership of Cooke and Blackwell in the second row seems to be an effective combination. In the tight and loose scrums heeling was quicker. It was felt, however, that on the whole the United Services showed a more determined spirit, and were certainly inclined to make more of their opportunities than were the Hospital.

Injuries were prevalent, and play was stopped during the game for attendances to Lindsey, Evans, Hackett, Duff, and Van den Berg, all of whom, however, played on. In the second half, Guy's, ten points down, were the first to score, when Duff taking a kick at goal, hit the post, and Leyshon, always cool and quick in emergencies, caught the ball on the bounce and scored five yards from the left upright. Duff having an unlucky day at kicking again hit the post in attempting to convert. United Services increased their score again when a bad pass in a Guy's three-quarter movement on the Portsmouth 25 resulted in their left winger kicking and gathering the ball and running for the Guy's line, hotly pursued by Evans. He avoided a late tackle by the full back to score an all too simple try between the posts, giving Lewis an easy conversion.

A more orthodox try was scored by Guy's mid-way through the second half when Hawley took the pass from Phelps at the base of the scrum and broke through on the left side. His cross kick hit the post and rebounded into the field of play where Leyshon gathered, and scored, ten yards from the posts. Duff again hit the cross bar in attempting to convert.

Guy's v. Cambridge University

At Cambridge. 12th October, 1957
Result—Lost 30-3

The skill and fitness of this Cambridge team showed its superiority over Guy's in the later part of this enjoyable game, played under perfect conditions at Grange Road.

Both sides took some time to settle down and after 7 minutes each had a penalty goal. Duff made an excellent kick from well out on the 10 yard line. The play during the first half was kept mainly within the forwards, but the Cambridge outsides, particularly Leonard, made several dangerous runs into Guy's territory. The defensive tackling of our forwards notably Buirski and Cooke was excellent. The Cambridge wing forward Scott was unfortunately injured during this half of the game.

Guy's had the better of the set scrums but the ball was very slow reaching our three-quarters. The Guy's halves did not combine together well and Hackett seldom passed the ball outside him to our centres who thus had little opportunity throughout the game. Hackett was caught too frequently in possession of the ball, without any reason.

Marques dominated the line outs and was prominent in the loose scrums. Shortly before half time we saw the first of the accurately placed cross-kicks yet to come, and Smith scored for Cambridge in the corner.

It was during the second half that we saw the Cambridge halves and three-quarters in full cry. Each time they received the ball they ran straight and determinedly towards our line. They were well combined and Horrocks-Taylor in particular knew when to pass and when to kick across the field. Their cross-kicking was very accurate, and followed up well by the rest of the side, proved too good for Guy's. Duff played very well under these difficult conditions, catching well and kicking safely. Towards the end of the second half the score increased rapidly under the pressure of this fine attacking line. Guy's made two ventures well into the Cambridge half, each being stopped by Millard.

Guy's did well to keep the score down for so long against such a sustained attack. The final score is however a true representation of the game.

The game was watched by several Guy's consultants, but student support was lamentably lacking in spite of a coach being provided.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1, AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited for the post of **Senior Registrar in Clinical Pathology** to the Board of Governors of Guy's Hospital and the South-East Metropolitan Regional Hospital Board, with duties until 30th September, 1960. The appointment will be made jointly by the bodies concerned and will be held in the first instance in the Lewisham Group until 30th September, 1959, and at Guy's Hospital from 1st October, 1959, until 30th September, 1960. The post, which will be reviewed annually, is subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales).

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **16th November, 1957.**

GUY'S HOSPITAL S.E.1

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in Minor Oral Surgery** with attendance on 6 or 3 sessions per week, to commence duties on the 1st December, 1957, or as soon thereafter as is possible.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1. to whom applications should be sent not later than **Friday, 15th November, 1957.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the post of **Lecturer in Pharmacology** with duties commencing as soon as possible, and at an initial salary of £1,100 x £100 to £1,600 x £50 to £1,650 p.a., plus £60 London Allowance, with family allowance and superannuation.

Forms of application are obtainable from, and should be lodged with, the Dean, Guy's Hospital Medical School, London Bridge, S.E.1, not later than **7th November, 1957.**

HOUSE APPOINTMENTS

Erratum

It is regretted that the vacancy for the post of R.M.O. Nuffield House to begin on November 19th, 1957, was inserted in error in the last issue of the *Gazette*. The post has already been filled.

PASS LIST

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Long Vacation, 1957

Pharmacology and Principles of Therapeutics

M. C. O. Bax

General Pathology and Bacteriology

G. M. Shaw

UNIVERSITY OF LONDON

M.D.

September, 1957

R. A. Parker

General Second Examination for Medical Degrees

September, 1957

J. F. Hallpike

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L.R.C.P., M.R.C.S.

Final Examination

October, 1957

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A. J. Armour
Elizabeth S. Bates
G. B. Cornford
Sheila M. Creegan
Una M. Dugan
M. K. Dunstan
R. W. Elsdon-Dew
Judith A. G. Fletcher
I. R. A. Fullagar
R. T. Hawley
J. Hellewell
P. W. James
M. Lindsey
Jean L. McNair
N. Malcolm
G. R. Peachey
Alina T. Piesowicz
H. D. W. Plowright
H. P. Rikard-Bell
P. A. Robson
B. A. Ross
Gillian Strube
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I. I. Zayid

Medicine

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G. B. Cornford
Sheila M. Creegan
Una M. Dugan
M. K. Dunstan
R. W. Elsdon-Dew
L. A. Emanuel
H. C. Evans
Judith A. G. Fletcher
J. Hellewell
P. W. James
K. G. Korsah
Jean L. McNair
S. A. F. O. McNamara
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*N. A. Harker
M. Hopwood
*N. Lis
*J. P. Lissenden
N. Malcolm
*J. I. Millar
*S. O'Connell
*W. J. W. Siddall
*R. P. Snaith

Midwifery

R. C. Bret-Day
H. C. Evans
I. R. A. Fullagar
K. G. Korsah
C. M. Liassides
H. P. Rikard-Bell

* Have completed the examination

L.R.C.P., M.R.C.S.

First Examination

September, 1957

Anatomy

M. F. Biggin
P. M. J. Ephson

Physiology

M. F. Biggin
P. P. Fanning
R. T. J. Hawkins
A. Martin
N. N. V. O'Sullivan

Pharmacology

M. A. Mch. Bailey
B. A. O. Binns
J. C. Bull
J. A. Bushman
D. Davies
H. Dexter
T. I. Francis
A. E. Green
P. R. Grob
J. H. Hackwood
Ann P. John
I. W. Jones
Jean M. Kubale
M. I. Leckie
J. P. Lee-Potter
L. A. Lees
O. C. Legg
R. W. May
P. E. Pearce
W. B. Pearce
V. Promtatvethi
B. R. T. Smith
June M. Squire
J. F. Steele-Perkins
A. F. Tredre
P. T. Whitehead

L.R.C.P., M.R.C.S.

September, 1957

Chemistry

J. W. Little
A. Owen

Physics

H. W. Thomas
J. R. White

Elementary Biology

I. W. Little
J. R. White
M. L. Uren

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination

September, 1957

D. Allarakhsingh
R. J. Beardon
C. W. V. Bullock
J. M. Evans
G. A. Fox
M. T. Gain
C. G. Gordon
D. J. O'Grady
T. J. C. Hall
K. G. Isaacson
Josephine H. Jackson
J. M. A. Jones
D. G. Lloyd
J. D. Mackinder
W. F. Pick
Jill C. A. Ransome-Wallis
K. G. Richards
R. S. Richmond
S. P. Robertson
M. Rudge
A. C. E. Seare
D. J. Simmons
T. J. Wallace
G. R. Ward
Rosalind U. Ward

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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Brock, Sir Russell. The Technique of Mitral Valvotomy. *Brompton Hosp. Rep.*, 1956, **25**, 198.

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Burn, J. Harold. Ion Movement and Cardiac Fibrillation (Walter Ernest Dixon Memorial Lecture). *Proc. R. Soc. Med.*, 1957, **50**, 725.

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Engel, C. E. Aufnahmen mit dem Elektronenblitzgerät in der Medizin. *Naturn. Rdsch.*, 1957, *Heft* 10, *Oktober*, *Seite* 391 *bis* 392.

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Forman, L. Parapsoriasis Lichenoides en plaque, with Necrotic Nodules, showing Features of Poikiloderma. *Proc. R. Soc. Med.*, 1957, **50**, 773.

Hunt, J. N. Some Notes on the Pathogenesis of Duodenal Ulcer. *Amer. J. dig. Dis.*, 1957, **2**, 445.

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Ross, D. N. Discussion on Aortic Stenosis. *Proc. R. Soc. Med.*, 1957, **50**, 825.

Spurrell, W. R. 'Read, Mark, Learn'. *Physiotherapy*, 1957, **43**, 291.

Vine, S. M. The Diagnosis of Osteoarthritis of the Hip. *Rheumatism, July*, 1957.

Wright, J. A. S. A Hundred Years of Dentistry. (Presidential Address.) *Proc. R. Soc. Med.*, 1957, **50**, 747.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

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BIRTHS

ANDERSON.—On 14th October, 1957, at the Queen Elizabeth Maternity Hospital, Adelaide, S. Australia to Pamela (née Chitty, S.R.N.), wife of Kevin Anderson, M.D., a daughter, (Deirdre), a sister for Maureen and Katy.

LAWRENCE.—On 20th September, 1957, to Gillian (née Wood) and Tony Lawrence, a son (Mark).

MARRIAGES

THOMPSON—SMITH.—On 31st August, 1957 at St. Dunstan's Church, Cheam, Gordon Frank Thompson, L.D.S.R.C.S., to Elizabeth Mary Smith, M.C.S.P.

HERRING—KNAGGS.—On 7th September, 1957, at Petts Wood Congregational Church, Brian John Herring, A.C.A. to Evelyn Knaggs, S.R.N.

WAKEHAM—GRAHAM DAVIES.—On 5th October, 1957, at Presbyterian Church, Llanidloes, Peter M. Wakeham, B.D.S., to Ann Graham Davies, S.R.N., S.C.M.

DEATHS

WATSON.—On 11th October, 1957, at National Heart Hospital, William Hall Watson, M.C., L.M.S.S.A.

WEBB.—On 10th July, 1957, William Leslie Webb, M.B., B.S., D.P.H., R.C.P.S., in St. Vincent, B.W.I., aged 68.

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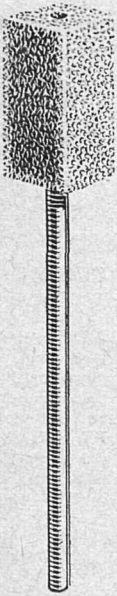

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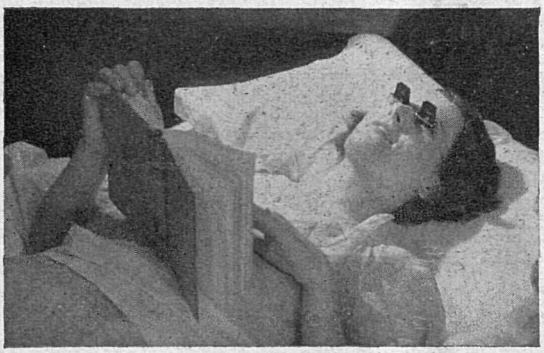

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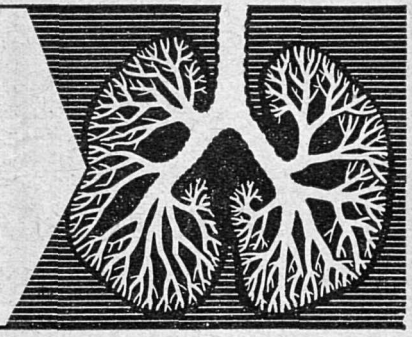

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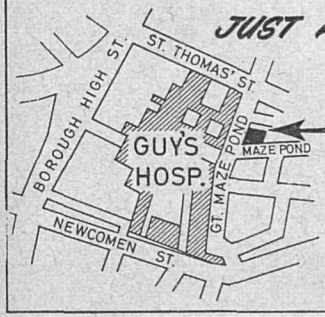

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GUY'S HOSPITAL GAZETTE

9th November 1957

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1808 *9th November* 1957 *One Shilling*

PASSIM

A visitor to Guy's a few weeks ago was deposited by London Transport in Borough High Street, near the York Clinic, and decided to walk to his rendezvous in the Colonnade *via* Snowsfields and Great Maze Pond. When he eventually arrived, his immediate comment was "I didn't realize what a vast place Guy's is!" This comment prompts slight misgivings in view of the impending addition to the size of the Hospital by what we all find an impressive bulk of building. To preserve the awareness that Guy's is a community becomes increasingly important as the machinery of the Hospital becomes more extensive and more complex. The happiest part of the training of a doctor is the clinical period in which he is aware of, and feels a part of, the functioning of a great hospital. The same is true of nurses and of students in the dental and other schools of Guy's, to say nothing of the permanent staffs, medical, administrative and so on. The multiplicity of departments essential in a teaching hospital already presents a challenge to the student who wishes to be familiar with the different aspects of the Hospital's activity. Even after two and a half pre-clinical years, the medical student has little more idea of the clinical and ancillary work of the Hospital than has the well-informed layman. It is humbling, as he makes further acquaintance every three months with a new department and the men and women who work in it, to realize that its work has been going on ceaselessly throughout the time he has already spent at Guy's and that his is only one face in a panorama of students passing through on the way to qualification. It is inevitable that the personnel of any one department must be largely unfamiliar with the day-to-day working of any other, close and friendly though liaison is at Guy's. But the feeling that the Hospital is a unit, which is fostered by the unique disposition of our existing buildings around the Park, must not become less vivid now that we are to extend on such an important scale beyond Great Maze Pond.

We note with pride that on 18th October, the Australasian College of Surgeons conferred upon Sir Russell Brock the Honorary Fellowship of the College.

Guy's is to make a further distinguished contribution to the medical and dental personnel of North America. Dr. Declan Anderson, Senior Lecturer in the physiology department, and last year's President of the Dental Society, is leaving at the end of term for the

University of Oregon. In January he will take up his duties as Professor in the new Department of Physiology at the Dental School in Portland, Oregon ; dental students there have until now shared the facilities of the Medical School. Dr. Anderson will not decide whether to settle permanently in Oregon until his new department has completed its first year of operation. We are very sorry to lose him, but we congratulate him on his new appointment, and wish him every success.

A correspondent elsewhere in this issue again raises the issue of compulsory lectures, which was also discussed, rather cynically, in our pages sixty years ago. A good case can be made in principle that clinical students, who have at least three years' undergraduate education behind them, should be allowed the responsibility of attending lectures on their own initiative, rather than as pressed men, in Mr. Cook's phrase. The prevalent breaches of the regulations, whereby students attend lectures for the strategic five minutes while the register goes by, or even by proxy, are due in some cases to laziness, but more often to the fact that the hapless student, conscientious but not ubiquitous, is on Back Surgery during a 9 a.m. lecture, or trolleying a patient or attending his firm's operating session during those at 9 a.m., 1 p.m., or 4.30 p.m., among other possible reasons. In the former case, the final examinations protect the public ; in the latter, he will assuredly make up the lost ground himself. The lectures given to clinical students at Guy's are of the highest order, and students cheerfully miss lunch, tea or coffee to attend them. The embarrassed shuffles in and out of theatres to sign the register argue against the system, and not the student body.

The diver on the springboard and the child who draws in his breath to puff out the candles on his birthday cake both exemplify the tactician's maxim, *reculer pour mieux sauter*. Similarly, Messrs. Lovell, before flinging the new surgical block to the heavens, are retreating into the depths of the earth in massive preparation. Just as similar manœuvres elsewhere require public observation platforms to accommodate spectators, so the College reading room and other vantage points on the east side of Hunt's House are rarely without their quota of apparently knowledgeable onlookers, as rapacious machines lay bare the cellars and foundations of over a century ago.

We congratulate Mr. D. J. Smith, captain of Guy's A.F.C. and secretary of the United Hospitals A.F.C., on his election to serve on the selection committee of the Amateur Football Association. He is thus one of the eight men who select England's amateur team—a tribute to him as a representative of Guy's off the field as well as on it.

We also congratulate Mr. D. E. Williams, the Guy's athlete and footballer, on his being invited to join the party training to represent Wales in the Empire Games at Cardiff next year. Mr. Williams specializes in the long jump and in the hop, step and jump.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Suprarenals.*
11th	M	1.00	Mr. R. J. Cann. Clinical Lecture.
		4.30	Dr. P. M. F. Bishop. Endocrine Demonstration. *Addison's Disease.* Physiology Theatre.
14th	Th	1.00	Mr. J. McA. McArthur. Clinical Lecture.
		4.30	Physiological Society. Miss Anne Chamberlain. *Listening.* Physiology Theatre.
15th	F	1.00	Mr. R. H. F. Brain. Clinical Lecture. *The Understanding and Interpretation of Certain Physical Signs in the Respiratory System.*
16th	S		Rugby 1st XV *v.* Rosslyn Park (H.O.P.).
18th	M	1.00	
		4.30	Dr. P. M. F. Bishop. Endocrine Demonstration. *Thyroid Function Tests.* Physiology Theatre. Guest Speaker : Professor E. E. Pochin, M.D., F.R.C.P.
21st	Th	4.30	Physiological Society. Mr. C. G. Bird. *The Lactation Cycle.* Physiology Theatre.
23rd	S		Rugby 1st XV *v.* Aberavon (Aberavon).
25th	M	1.00	Dr. Stafford-Clark. Clinical Lecture. *Psychiatry, the Law, and the Press.*

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NOTICES

PUPILS' PHYSICAL SOCIETY

A clinical meeting of the Physical Society will be held on Thursday, 14th November, at 5 p.m., in the Pre-Clinical Classroom. There will be a discussion of cases at 7.30 p.m. in the Students' Club.

ART SOCIETY

There will be a meeting of the Art Society on Thursday, 21st November, at 5 p.m., in the Dental Theatre, when Mr. F. N. Souza will give an illustrated talk on " The Relationship and Differences between Eastern and Western Art."

HORACE WALPOLE'S QUINSY

PART III

By T. B. LAYTON, *D.S.O.*, M.S.

THE "MIND"

I believe the seriousness was mental. In saying this I am not entering the realm of the higher psychology; nor do I wish it to be inferred that there was anything, in this case, on the border-line of functional nervous disorders and mental disease, such as neurosis, neurasthenia, hysteria or malingering. I mean the influence the mind of man has upon his body, all within the normal, every day and all day, raising it up or lowering it down, sometimes having a greater influence so that he appreciates it himself, and, just occasionally, going beyond these daily variations to such an extent that, for a few minutes, he may become great, or so depressed that, if associated with physical disorder, it may nearly, or even actually, end his life. Such was the type of case, I believe, we are discussing here.

Each generation has its own, local, terms for this intermediate stage of "self-appreciation". In my day it was "the top of his form" or "being in the market", and, in the negative "being off colour", or "having the hump", with, or without, a modifying adjective, according to our nature, or the company we kept.

There are those that do not believe the human mind can kill. But it can. A classical case is that described by "Freddy" Treves in his *Elephant Man* as one of "Heart Failure". In this case there was the interplay of sex, and it is possible there is some such in most of them. Not so with Horace Walpole. After sex comes "Funk". Mr. Symonds, who became Sir Charters, used to tell us how the only member of the Guy's staff to die of cholera during the epidemic of 1849 was Aston Key—and he was the only one to be afraid of it.

And after "Funk" comes "Loneliness". We should always pity the poor patient from another country, and keep a watchful eye on him, and even from the further parts of our own.

> "A North-country maid
> Up to London had strayed
> Although with her nature it did not agree
> She wept and she sighed
> And she bitterly cried
> I wish once again in the North I could be".

I have known a young Irish nurse seemingly to throw away her life, in a hospital, in London. She was given every kindness and consideration, in a sunny glass-walled room, all to herself. It was a moderately severe case of scarlet fever of a type that still existed befor the coming of the sulphs; but not one of these very severe cases where the whole staff of the ward from the M.O. and the sister to the junior pro. and the ward-maid fought with Death to drag her from his jaws. She would not do a thing to help. She would not eat, she would not blow her nose. Not a ghost of a smile could be raised on her face. She resented everything that was done for her, having her hair combed, her ears mopped, and everything else down to having her feet moved, to prevent them dropping by the time she had recovered. But she did not do so. She was—lonely.

Loneliness and solitude are not the same. Alexander Selkirk does not seem to have ever thought of being ill, and "The Prisoner" in Mr. Galsworthy's tale (*Caravan*, Vol. II) does not seem to have been physically affected though he was "a little worn by his long confinement". Had we transferred that girl to Galway or to Cork I think she would have recovered, but by then no one had thought of such a thing and there were no ambulance aeroplanes. And Walpole, in spite of his servants and attendants, also was lonely.

He had been a "darling of the Gods" from birth. The youngest son of a great man, the all-powerful first premier of England, he had been surrounded by friends since boyhood. From Eton he had spent four years at Cambridge, and then wanted to go on the Grand Tour, which his father had made possible by finding him three sinecures, which brought him in £1,200 a year. His friends West and Gray had settled down to read law in the Inner Temple. It did not take much to lure away Gray, whose heart was never in it. He was a scholar, first and last. To do the Grand Tour would mean that he would see all that he had read about; but there was no chance of this—till Walpole came. He was

the son of "a respectable citizen and money scrivener" (D.N.B.) who used his wife "in a most inhuman manner, by beating, kicking, punching, and with the most vile and abusive language" (Gray's *Letters* App. A), who never provided a penny for the boy's education, either at Eton or at Pembroke College, and afterwards at Peterhouse, at Cambridge. His mother had done all that, by keeping a milliner's shop, and was continuing to do so for him to join the Bar. But he never could have imagined a Grand Tour till this chance came. Walpole's offer was generous. He was to pay all expenses, but Gray was to remain "independant". When they got to Reggio they had had a tiff. I do not believe at first it was anything more. Walpole had changed from the scholar that, in part, he was at Eton and at Cambridge, and had become a dawdler after any bit of gay life that was going. They had arranged to leave Florence in February or in March (Gray, Letter 96). They did not get off until May. Gray had fixed his heart on seeing the Doge wed the Adriatic on Ascension Day. There was just time to get there, if they cut down the intended visit to Reggio. And then Walpole got bitten, by the gaiety of the little court there, and the reception that he got; and Gray, wanting to get home, foresaw a much curtailed time in Venice, and certainly no wedding to the Adriatic. And so he told Walpole he was going on by himself. At first Walpole did not miss him; and then he got ill, and he got lonely in his sickness, and was miserable. When many people swarm into a little town for a Fete or a Fiesta they may have to crowd into lodgings at which in other circumstances they would not look. They do not matter for a week or so. They are but changing rooms when not asleep. No one need visit them there. And no one did when he needed them. Lying there in the full blaze of the strengthening sun, or in the dark watches of the night, only his servant came to see him. The Court had forgotten him. Gray had deserted him, as perhaps he thought. It is however futile to attempt to reconstruct thoughts of which no records have been made. Either he was indignant with himself or angry with Gray, perhaps both, at different minutes. Alone, alone, all, all alone. Alone in a frowsty room. And never a one, of the roistering court, took pity on his soul in agony; till, one day a friendly acquaintance dropped in to see him, and he had turned the corner in twenty-four hours. Spence was clearly worried, and made a great fuss about him. And Walpole liked a fuss to be made of him. In all the rest of his life there was no episode of any importance, yet was he always the centre of the little conversation piece. His recovery was rapid. Spence had arranged with Lord Lincoln to remain behind and look after him. That was not needed. Spence told his mother that they would meet again in Venice. He was well enough to travel with them. "I went", he wrote in his *Short Notes*, "to Venice with Henry Clinton, Earl of Lincoln, and Mr. Joseph Spence, Professor of Poetry, and after a month's stay there, returned with them by sea from Genoa landing at Antibes."

This then is my appreciation of the clinical case of Horace Walpole's "Kind of Quinsy". That it was one due to dirt organisms which were considered "of no pathogenic importance" in the days before penicillin, and that it was seriously aggravated by those mental influences which form the most important factor in every case of clinical medicine great and small.

TO RISK WE LIVE—SECURE WE DIE

So you have chosen to become a Dental Practitioner? Now qualified and your immediate ambition achieved, what next? You stand upon the threshold of a long, possibly dull routine, cribbed, cabined and confined by your Appointment Book and cares and trials of a Dental Practice. In return for this conventional and highly organized existence you will achieve a financial security which is the envy of lesser mortals, but you will be tied hand and foot. Most of us choose this standard life pattern be it in Harley Street or Hoxton, Bayswater or Brighton. We are only too familiar with that dull fellow the respectable and slightly pompous Provincial dentist.

Now upon graduation, are you going to probe the unknown and unravel its mysteries, or are you going to become tied to the apron strings of your Appointment Book, stagnate, or even retrogress? On the contrary, it behoves us, and indeed we owe it to ourselves, to scan the wider horizons and look upon the larger side of life, to travel to meet our fellow men, and above all, to improve our knowledge of dentistry. In my view, nothing less than a circum-navigation of the globe will do—and there are two occasions upon which, for the majority of us, it will be possible.

The obvious one is on retirement at 65 and this you can forget at once. If you do succeed in reaching this age, it is highly unlikely that you will feel inclined to swop the certain comforts of your own fireside for the unknown vicissitudes of foreign hotels and climes. Moreover, in view of your ulcer plus the extrasystole you had last summer, your doctor will insist that Torquay is preferable. No, at 65 it is too late and only pipe dreams remain. The second and indeed only opportunity is *NOW*. With 22 years and a B.D.S. the whole world is your oyster. I would suggest that at this age three years is not too long to spend going round the world accumulating experience, gaining knowledge and seeing all those wonderful places, a privilege vouchsafed to the few. At the end of this time you will return to that dreary prospect of suburban or provincial practice a better and wiser individual with a rich sense of achievement which you will relish all your practising life—and who knows, in the course of your peregrinations, some glorious opportunity may present itself which will lift you right out of the rut. With the end of National Service in sight, the prospects are even more favourable. The two year service training can now be spent to the fullest advantage, for by astute saving you can put aside enough to enable you to add a year's valuable training in America or Canada.

Don't say it can't be done—I ought to know, I did it. In two years before the war I completed a trip round the world which in sober reckoning would now cost me thousands of pounds. And it is not as adventurous as it sounds because you cannot starve as a Dentist. You have in your finger tips a commodity as universally sought after as Brylcream or Beer. After a few formalities and in many cases no formality at all, you can practice your Art almost anywhere you choose. Now which way will you go? You may practise anywhere in the British Empire except Canada without any formalities whatever; India, Pakistan, Ceylon, Malaya, South Africa, New Zealand and the Fiji Islands, to name only a few. My route was via United States and Canada to Hawaii, Fiji and New Zealand, thence back through Australia, Ceylon and Egypt to U.K. Unfortunately, when I had reached the South Island of New Zealand the war broke out and sadly interrupted my plans and seven years later it was of course too late. That is my point—at 22 time is limitless, at 32 it's running short. If you ask me how it is to be done now, I don't believe it is more difficult, in fact it is easier. All you need is your fare, single and Third Class, Fourth Class if available (and the necessary guts) to the first country of your choice. If you are the cautious type you can arrange a job there beforehand, but I personally always found that better opportunities presented themselves when I was on the spot. Three to six months of thrifty work should purchase your passage to the next place and this should certainly include enough to do some post-graduate attendance at the nearest University or Dental School. You repeat the process *ad lib*.

You must not be too squeamish about how you travel or indeed, how you live, this is one of the prerogatives of the young and as you get older and more self-conscious it becomes much more difficult. On one immortal occasion, I was apprehended under the vagrancy laws with two most respected colleagues for sleeping out in a park in the middle of San Francisco. On another occasion two of us crossed the Pacific steerage class, six in a cabin below the water line and in company with other immigrants we were paraded at the Immigration Employment Bureau. We were offered jobs lumberjacking or driving a Brewer's Dray: I have always regretted not accepting the latter occupation; but enough of these travellers' tales, go and get some of your own. Incidentally, you must not dally in any one place long enough to get married as that would ruin the whole scheme. Remember that this is just as much part of your education as the years at hospital, therefore, be humble in your approach to learning and receptive to new ideas. In this way as you travel from one country to another, you will find yourself a medium of intellectual exchange for people of different thought and habit—an exhilarating and satisfying process. Much hospitality will be extended to you and you have every right to take advantage of it having a positive contribution to Society. This is not to be confused with the sponging indulged in by other amateurish globe-trotters.

Here then is the blueprint for the modern Dental Marco Polo. Take a map of the world and decide where you will go. Initiative, capacity for hard work and a sense of adventure are all that you need. You may be relatively impecunious when you return after your two to three years globe-trotting, but you are no worse off financially than you were to begin with and what you have to offer your Profession, your Patients and perhaps your future family, can never be measured in terms of money. Keep a good sense of humour and the ability to laugh at yourself. Above all, do it now while there is yet time. The dental world is full of "might-have-beens" don't be one of them.

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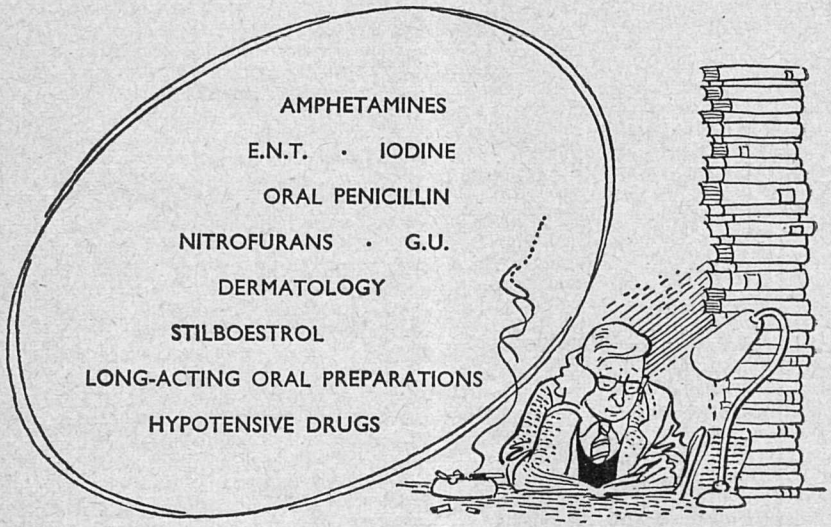

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THE DEBATING SOCIETY

The first debate of the term was held on Friday, the 18th October, on the motion : "This House approves the recommendations of the Wolfenden Committee."

The Anatomy Theatre was packed when Miss Jean Steadman opened the debate with a very polished speech. She said that the law relating to homosexual offences needs revision, bearing in mind that it must also be acceptable to the moral sense of the community. The function of the law is to maintain the public good and not to interfere in the private lives of individuals or determine their pattern of sexual behaviour. The recommendations, she said, gave adequate protection for youth. She also agreed that prostitutes should be prosecuted without "annoyance" having to be proved.

Mr. Robert Cook replied that he did not hold very strong views on the morality of various sexual behaviours, and then went on to discuss the bad effect of homosexuality on family life, the family being the unit of the State. He said that persons with homosexual aberrations are often in positions of power and trust, and he considered that the law should protect their subordinates.

Messrs. Ian Christie and Michael Craft spoke third and fourth in a more light-hearted vein.

Dr. Stafford-Clark then spoke for the motion and having flattered his audience into submission, proceeded to delight the House with a concise account of his views on the subject, which, he said, appealed to the reason and not to the emotions. A homosexual phase was passed through by most people and certain primitive tribes acknowledge the normality of homosexuality by allowing homosexual men to be included in the harem. He said that the persecution of homosexuals was wrong, and that the law should be made more logical since neither fornication nor adultery were criminal offences.

The debate continued from the floor of the House and a variety of points were raised, mostly in favour of the motion.

The following members spoke : Dr. S. O'Connell, Messrs. J. Lee-Potter, S. Lal, A. Abrahams, J. Barker and R. S. Richmond.

The motion was carried by an overwhelming majority.

The Society has made a very good start this year and it is pleasing to see new faces among the speakers from the floor of the House. One word of criticism. It is perhaps a pity that the President should become impatient with a new speaker who becomes muddled while speaking without notes. The Society should encourage, not discourage, speaking at all levels of accomplishment.

"WHAT'S IN A NAME ?"

' Queen's House, Southwark,' is elegant and fine,
Shades of Wren and Inigo Jones,
Yet the surgical block by the Brighton line
Has concrete and brown brick in place of stone.

' Thomas's House ' (using Guy's first name),
Suggests a happy home, which of course clashes
With rotating fans to keep out rain,
In the windows of mild steel (with sliding sashes).

Harrison, Bonsor, Humphery's Hall,
What have they done to deserve this fate ?
To be known by a mound that's ten floors fall,
The penthouses faced with crushed Westmorland slate.

Terrazzo flooring, on a Bermondsey bomb site,
' New Guy's House ' would fit for a while.
But Guy has a hospital, and he may not like
Sanitary annexes with thermoplastic tile.

Why should a Guy's man be tied through time
To the protruding squares of this rectangle,
Let the punishment fit the crime
And the hybrid mass be ' Gray's Squectangle '.

ANON.

CORRESPONDENCE

Letters to the Editor of the Gazette

Naming the New Surgical Block

SIR,—Surely the new Surgical Block should be named the Nuffield Surgical Block. Lord Nuffield contributed £250,000 towards its cost and his benefactions to medicine and surgery generally have been tremendous.

His name at Guy's should also be associated with teaching, and furthermore the Royal College of Surgeons have bestowed upon him an Honorary Fellowship.

Yours etc.,

F. C. DUTTON.

Park View Hotel,
Rickmansworth, Herts.

SIR,—Those entrusted with choosing a name for the new Surgical Block have an unenviable task, and, in offering suggestions, one can only hope that this will be made a little easier.

The name of Thomas Guy is immortalized in the name of the Hospital and needs no repetition.

There is a good deal of support for the name of an eminent Guy's Surgeon. Astley Cooper and Arbuthnot Lane come easily to mind. But would it not be more fitting to give them equal status in naming the fourteen new Surgical wards ?

This is the beginning of a new Hospital in a new age. Part of its inspiration has come from the New World. We need a new name, one which is symbolic of youthful purpose and at the same time transcends the interests of party and person.

Who can doubt that our Queen represents this ideal ? Her Majesty should be invited to open our first building, which could be named quite simply " Queens House." A commemorative plaque would provide the details.

Yours etc.,

D. V. DUCKWORTH.

Springfield,
42 Langley Way, Watford.

SIR,—There is only one Guy's man whose name is known throughout the English-speaking world. It is surely regrettable that the building honouring his name should be that marbled horror where such patients as cannot stand the rarefied air of Harley Street are received.

I would suggest that the New Surgical Block be named Keats' House.

Yours etc.,

J. D. ELLIS.

25, Foxes Dale,
Blackheath, S.E.3.

SIR,—If Mr. Guy were asked for his views what would he say ? Would he single out one of the many distinguished sons of Guy's for this honour ? Would he not have turned to his old friend, Dr. Mead, the man who did so much to help him those many years ago ? Guy's Hospital and Mead House—the names of the two men who made so much possible.

Yours etc.,

A VERY SMALL COG.

SIR,—*The New Guy's is a fact and needs no explanation. It will be known* as such by the Borough and the world whatever other name you give it.

Yours etc.,

E. E. L.

SIR,—In view of your recent request to submit names for the new Surgical Block, I would like to suggest Brock House. Surely no one in recent years has done so much to bring honour to Guy's, and to further medical knowledge, not only in this country but internationally.

For various reasons it is, I believe, customary not to use the name of one who is still an active member of the Hospital, but I feel that Sir Russell Brock is so outstanding that this point may be disregarded. I am sure that there are many of the "younger generation" who would like to look back in future years, and say with pride, "I knew Sir Russell."

Yours etc.,

Physiotherapy Department,
Guy's Hospital, S.E.1. GILLIAN BROOKS.

SIR,—May I comment on the new Guy's building. I have not been home since 1931 and do not know what Guy's suffered during the war but surely we could rebuild and revive the old Guy's buildings, instead of falling for these characterless modern monstrosities, four walls, a roof, and a lot of windows —or as someone described it "a cross between a factory and a prison."

Why architecture has ceased to have any respect for art or beauty nowadays I do not know, but it seems universal, and with all due respect to our architects, who have no doubt done a first class job from a point of view of practical utility (though I have my doubts about all these long corridors), surely they could have given us something a little more pleasing to the eye, without adding unduly to the cost.

Yours etc.,

Nottingham Road, Natal. G. DUNDERDALE.

The Asian Virus

From Dr. Roy Goulding.

SIR,—What a splendid Passim—*Gazette*, 26th October, 1957 ! It takes courage to attack a vast, autocratic body like a Government Department, especially when you have so obviously been denied access to any of the relevant facts. I liked, too, the neat way in which you uplifted second-hand from a newspaper one phrase from a report of the Select Committee on Estimates. How fortunate that you were not obliged to read the report itself, for if you had but turned back one page from that on which your quoted condemnatory passage appeared your eye might have settled upon yet another castigating paragraph, this time directed elsewhere.

Gad, Sir, as soon as that noxious little virus was identified at Hampstead in May of this year not a moment should have been wasted. Valuable days or even weeks may have been frittered away by Dr. C. H. Andrewes and his staff of the W.H.O. Influenza Centre there, merely recognising the pathogen and then, worse still, propagating it and sending some of the specimens away from this country to places like the United States, France and Holland. After all, in Great Britain, we might have required only some 50,000,000 odd fertile hens' eggs at short notice and the few incubators needed to hold them, entry to all that sterile, air-conditioned and specially equipped accommodation then lying vacant, the service of those competent virologists and a hundred or two technicians skilled in this work at present doing nothing of importance, a few high-speed centrifuges and similar equipment and, lastly, a modicum of testing facilities. Yet why bother about testing ? We have gathered already from past experience with influenza vaccines that those made with the most meticulous care give only some 30 per cent protection. Surely it was worthwhile taking a chance with potency, antigenicity, sterility, possible lack of inactivation and a few side-reactions, if only this was at stake ?

I fear, however, this letter may never reach you, if your sinister prognostications are realised. The buses and trains are drawing to a halt and the milk deliveries are dwindling to nothing (or was that Windscale ?). All that continues here is the noise from outside my window of half-a-dozen men attacking the road with pneumatic drills, remorselessly and unceasingly. Are they immune, or did that frightful Ministry make sure that they especially were vaccinated ? I am taking no chances : the post between me and you may fail, but I'll deliver this by hand, come what may with the Oriental disease.

Yours etc.,

18, Trinity Church Square, S.E.1. ROY GOULDING.

The Gordh Needle and the Occasional Anaesthetist

From Dr. P. J. Helliwell and Dr. A. M. Hutton

SIR,—We are at a loss to understand whether Dr. Marsh in his letter published in the *Gazette* of the 12th October was in a serious or jocular mood. If the former, we should like to make two observations. Firstly, that the Gordh needle is not the best means of maintaining an "ever-open vein", and secondly that the "ever-open vein" is not necessarily desirable for the occasional anæsthetist.

It is quite possible that present-day students have never seen the Gordh needle at Guy's because we gave it up some two years ago in favour of the Mitchell. We feel that this needle is preferable for the following reasons :—

a) There is no diaphragm to leak or require replacement.

b) It is more easily sterilized.

c) It is more efficient, *i.e.*, it retains its patency longer.

d) When required in an emergency, an intravenous drip can immediately be administered through it.

With regard to our second point ; the intravenous route is undoubtedly the best when the administrator has sufficient experience to assess the effect of potentially lethal drugs on his patient, but for the inexperienced, the temptation to push in the "whole shooting match" may well prove irresistible and justify the contention that the intravenous route is a "fatally" easy one to use.

We have, therefore, deliberately maintained the policy at Guy's of teaching the conventional inhalational methods to our undergraduates as it is our considered opinion that it is preferable for the occasional anæsthetist to be "safe" rather than "slick".

Yours etc.,

P. J. HELLIWELL
A. M. HUTTON.

Department of Anæsthetics,
Guy's Hospital, S.E.1.

The Landon Tea Party

SIR,—The Landon Tea Party is to be held in Out-Patients on 23rd December at 3.0 p.m. We hope to entertain 280 children between the ages of 5-11 years. Donations towards this party, and gifts of toys and books (new) would be very gratefully received.

Yours etc.,

Guys Hospital, S.E.1. D. CHRIMES (*Out-Patient Sister*).

Compulsory Lectures

SIR,—The present system in which most of the series of lectures in the clinical course are compulsory ought now to be changed, and these lectures made voluntary. Not only are compulsory lectures undesirable in principle, but they seem to have a number of practical disadvantages. At almost every one quite a few people come in as much as twenty or thirty minutes late, sign the list, and a few minutes later conspicuously walk out. They thus provide a constant annoyance to those who are straining to hear the lecture above the conversations of the pressed men at the back of the room, and an embarrassing display of bad manners towards the lecturer. Yet the vice is in the system, for at voluntary lectures there is a complete absence of these irritations.

It is not as if these lectures needed a captive audience. The attendance at the Special Pathology lectures and demonstrations, at Combined Rounds and at the Clinical-Pathological Meetings is not noticeably small, and proves that students do not have to be dragooned into learning like recalcitrant schoolboys.

I am aware that the answer to this suggestion may be that the examiners demand this compulsion. The rules of the examining bodies, however, are not the laws of the Medes and Persians, and since many of those who teach us are themselves examiners, perhaps one may plead with them to exert their influence to bring about some reform.

Yours etc.,

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Musical Activities at Guy's

SIR,—In your *Passim* of 12th October you say that the musical activities of the Hospital are not quite as prominent as they might be. We ourselves have been well aware of this and are now actively trying to remedy this state of affairs.

A year ago we dispensed with professional assistance as this was becoming an increasing financial burden and was tending to undermine the Hospital's contribution, especially that of instrumentalists.

Last Christmas saw the first concert given without professional leadership. The general standard may not have been as high as in previous concerts but was an encouraging beginning. Rehearsals for a summer concert were disappointing. This may have been due to an unfortunate choice, though I cannot help feeling that the hot weather had something to do with it.

This year, as the result of a ballot, we have decided to perform the "Christmas Oratorio" at the end of this term and a Gilbert and Sullivan Opera (a concert version) at the end of next term. Rehearsals for the choir are held in the Quiet Games Room every Monday evening at 5.0 p.m. A special rehearsal for nurses is held every Monday evening in the Nurses' Home. Orchestral rehearsals will be announced in the near future.

I am sure that you are right in saying there is no dearth of musical talent in the Hospital. There are some very gifted people who, in the past, have not given us any support. We hope that in the future they will find time to come along and enjoy themselves and, in so doing, improve the standard of performance.

Yours etc.,

M. A. McL. BAILEY,

Hon. Sec. Music Club.

Guy's Hospital, S.E.1.

Letter Racks in the Colonnade

SIR,—I wonder if it is at all possible to do anything with the Letter Racks at the Front Lodge.

The Internal Rack is a disgrace. Notes of varying sizes are placed without regard of their number, shape or even the appropriate initial into this rack. Often so many are put in that it is impossible to see any names. When, however, the windows are closed, a number of these letters are either torn or pushed into the next space, it is not uncommon to find a C or D in the bottom of the middle rack, below O.

Could not something be done about it, or some other system be devised ? I suggest a much larger rack, similar in design, but deeper, if the glass doors are to be retained.

If it could be resited, and I see no reason why it could not, the External Rack could then be extended. At present, this rack is extremely inadequate as there are always letters lying around inside. One always breathes a sigh of relief if one ever gets a letter without too much delay.

If nothing more is done than to deepen the present rack, I feel something will have been achieved. This will at least prevent letters being torn and moved.

Yours etc.,

J. C. OAKLEY.

Sixty Years Ago

From Guy's Hospital Gazette, 6th November, 1897.

LECTURES

" What's the good of anything ? " sang pessimistic Chevalier, and we echo, what's the good of lectures ? Surely the time has come when these relics of the barbarous age when Grattan was unknown, and the student's sole means of acquiring knowledge lay in a regular and careful attendance of lectures, should be swept away, or at least reduced to a condition of mere archæologic interest . . . .

The sole argument, educationally, of course, which has been adduced in favour of these lectures is, that in many cases they fill up hours which might otherwise

be "wasted," or that they beneficially open a day of hard work. But surely no self-respecting man would dream of reading at the Hospital before nine—always excepting the early-rising fellowship men—and if a man turns up at, say, ten minutes to ten, he feels that he has lost a potential hour of study, and accordingly bucks up for the next hour at least. Should he, however, have attended early lecture, he looks upon himself with a certain amount of satisfaction, and recruits for the next spell of hard work by an hour with the *Sportsman*. The other odd-hour class of lectures merely result in prolonged hunger or violent indigestion.

The best explanation of the existence of lectures is to be found in the definition of the word. Dr. Findlater defines a lecture as "a discourse in any subject, or a formal reproof." There you have it in a nutshell. These lectures are merely subtle formal reproofs. They rank in the medical student's life with the self-chastisements of the Flagellants. They are mortifications of the flesh, aimed at the general subduing and tail-twisting of the student. He may pass his tests, he may give complete satisfaction here, there, everywhere, but that black book in the medical office shows that his lectures are insufficient, and "I don't think we can sign you up". Alas, for the formal reproofs.

REVIEWS

The Anatomy of Congenital Pulmonary Stenosis. By SIR RUSSELL BROCK, M.S., F.R.C.S., F.A.C.S.(Hon.). Cassell & Company. London, 1957. Pp. xiii & 114. *Price* 30*s*.

In reviewing this book it must first be stated that it is a magnificent example of the fruits of tremendous industry and acute observation of a clinician and practising surgeon imbued with the dynamic approach to morbid anatomy. From this point of view it is impossible to praise the volume too highly, though it must suffer the limitations of a monograph. As an example of the value of applied observation it should be widely read ; its sheer factual content is of interest more limited to the specialist in congenital heart disease.

One cannot read this volume without being persuaded that infundibular stenosis is essentially annular, for the material so forcefully presented must outweigh minor personal experience. So repeated and unbending is the presentation of this thesis that some of the arguments pressed into service are open to valid criticism. When the unsatisfactory history of plastic operations on functional muscle masses is remembered it is particularly reassuring to read the excellent final chapter and the other paragraphs on the right ventricular outflow control mechanism and it is delightful to see such sincere tribute paid to Sir Arthur Keith's work.

The illustrations as a whole are good, though in the embryological section the old line drawings from Frazer are not the clearest ones that could have been found to illustrate the complex subject of outflow septation, and the method of labelling here is tedious. The angiograms are well reproduced and the photographs of specimens admirably interpretable by the specialist reader to whom such a work is primarily addressed. Some of the line drawings are perhaps oversimplified and there are occasions where the corresponding text may be confusing. It is not clear, for example, why on page 45 closed punch resection of pure infundibular stenosis (in fig. 30) is dangerous, whilst in fig. 53 this operation is shewn for infundibular stenosis in tetralogy.

The manometric tracings are most to be criticised, as for example in fig. 32 where either the absence of a right ventricular tracing after the operation or a fall in pressure from 148/8 to 16/6 mm Hg. in this chamber with unchanged pulmonary artery pressure is not a convincing demonstration of the undoubted value of open infundibular resection. In fig. 74, the difference in wave form is open to other interpretation than the only explanation given. In several instances the ventricular diastolic pressures are so high that the base line is suspect. The superiority of the Sanborn rectilinear trace is well demonstrated.

There are occasions when the meaning of the text is not clear and when this "monograph which is beautifully written," as it is described on the dust cover, is marred by unhappy neologisms, a qualified superlative and contructions which would scarcely have Fowler's approval. But most of these criticisms are carping and surely it is a pleasure to know that this excellently produced book is set in 10 pt. Plantin ; but why those fussy little lines about the chapter numerals ?

I.M.H.

Medical Treatment. By KENNETH MACLEAN, M.D., F.R.C.P. *Price* 50*s.*

In these days treatment changes fast. We are constantly bombarded with advertisements for new drugs and combinations of older drugs under unfamiliar names. Few of us can hope to weigh up the merits and dangers of each new remedy and every therapeutic advance reported in the journals over the whole field of medicine. We may therefore be thankful to Dr. MacLean for giving us a comprehensive account of modern medical treatment as seen through the eyes of a general physician. He has succeeded in producing a very good book which will be invaluable to practising doctors and senior students. Each section begins with a short and admirably lucid statement of the clinical features essential to a proper understanding of the principles of treatment. Throughout the book the rational basis of every procedure is fully explained.

It is all too easy to find minor criticisms of a work of such scope as this. It is odd to read that in preparing a diabetic patient for operation 50 to 100 grms of glucose should be given by mouth about two hours before the operation, and for emergency surgery as little as one hour before operation. We insist on an empty stomach in other patients so why should the diabetic be sunmitted to an avoidable risk when the necessary glucose can be given intravenously ? In the treatment of hiatus hernia there is no mention of the simple and often effective measure of raising the head of the bed.

With the exception of a chapter on tropical diseases by Colonel Drew the entire book is by Dr. MacLean. To write it must have been hard work, but the advantages of single authorship are evident in an integrity and consistency very satisfying to the reader.

This is an excellent book which every doctor would do well to read and have by him for reference. K.B.

A Synopsis of Otorhinolaryngology. By J. F. SIMPSON, I. G. ROBIN and J. C. BALLANTYNE. John Wright & Sons Limited. *pp.* 455. *Price* 42*s.*

When reviewing a synopsis it is essential to bear in mind that it has been written primarily for quick reference or revision prior to an examination. Reading it as if it were a textbook is apt to give one an erroneous and perhaps over-critical impression.

This is the first of this well-known series to be devoted to Otorhinolaryngology and in many ways it is an excellent publication; this is particularly true of the inclusion of line drawings of the standard views taken in the radiological examination of the mastoids, paranasal sinuses and nasopharynx. However in order that the volume be kept to reasonable proportions it has been necessary to condense much of the available material. It would thus be most unwise for the postgraduate student in this speciality to assume that the contents of this book in any way represents the total amount of knowledge that he requires for success in higher examinations. For example no mention is made of the possible complications of tracheostomy, and the views on congenital laryngeal stridor are much out of date.

Naturally there are bound to be particular points of criticism some of which may be controversial. Many people would not agree that "myringotomy in acute otitis media can be carried out without an anæsthetic in the co-operative adult" (page 64). The statement that "it is wise to perform tonsillectomy in children with tuberculous cervical lymph glands" (page 223) is deceptively sweeping and gives no guide to the importance of correct timing in such an operation.

A most useful section of the book is that devoted to "Neurology of the Ear, Nose and Throat" and edited by C. H. Edwards. In this section the probable pathway linking the three oculomotor nuclei and the vestibuli is given as the medial longitudinal bundle whereas on page 42 it is given as the ascending fibres of the posterior longitudinal bundle. Another point that requires clarification is that under the heading of geniculate herpes, the Ramsay-Hunt Syndrome is reserved for those cases in which the cochlear and vestibular ganglia are involved as well as the geniculate ganglion. In the original paper the syndrome covers all these groups and in fact four grades are described.

Several typographical errors require correction. Figure 53 is refered to in the text as Figure 50. The lacrimal sac is said to be related laterally to the anterior group of ethmoidal cells instead of medially (page 112); and in the section on the anatomy of the sphenoidal sinus (page 113) when describing the cavernous sinus and its contents, no mention is made of the first two divisions of the trigeminal nerve. On page 311 testosterone in oil is said to be of benefit in the treatment of multiple laryngeal papillomata. The basic work on this type of therapy was carried out by Tehinde and Brawner in 1935 using œstrogenic hormone and from their hypothesis

it is difficult to see how male hormone could be expected to be of any value.

Despite these varied comments I feel that this book is well worth having, although it is interesting to note that it is at present the most expensive volume in the series but contains less pages than all but two. D. F. N. H.

A Pocket Obstetrics. By A. C. H. BELL, F.R.C.S. 4th Edition. Churchill, 1957. Pp. 156—viii. *Price* 10*s.* 6*d.*

There are special circumstances which make reviewing this little book for the *Gazette* a gratifying experience. The last edition was reviewed here in 1953, and received a characteristic and enthusiastic notice from the late E. E. D. Tomlin, incorporating four or five painstaking suggestions for improving grammar and clarity. It is pleasing to note that all of these suggestions have been acted upon, to the advantage of the book. There are still places where grammar and punctuation are shoddy, a failing not excused by the book being essentially a synopsis. Nevertheless here is a sound summary of the subject based upon the teaching in the Queen Charlotte's Textbook ; it can be recommended as such, and should make useful pre-examination reading. T.W.H.

SPORT

RUGBY FOOTBALL

Guy's v. Bedford

At H.O.P. 19th October, 1957

Result—Lost 8-14

In almost perfect conditions a Guy's side, weakened by the absence of several players suffering from influenza, lost an interesting game by a larger margin than the run of play would have suggested.

Bedford opened with some impressive forward rushes and Guy's looked as though they were due to be outclassed. However, the Hospital soon settled down and held off this business-like attack. The visiting full back missed two penalties but was successful with a third to make them one penalty goal up at half time. At this stage one felt that Guy's were gaining in confidence and at least their line had not been crossed.

The second half saw Guy's pressing hard and early on Duff scored with a penalty from eight yards inside the Bedford half. This was an excellent kick and deservedly drew generous applause from the crowd.

Play for the next fifteen minutes was disappointing from the Guy's point of view. Phelps at scrum half had a good game but his service was frequently erratic although it was made to look respectable by virtue of Lindsey's ability to gather the difficult ball. Following a smart piece of hooking by Russell, who clearly had the better of the hooking duel, the ball came out to the backs where, as so often happened, a pass went astray. The Bedford wing forward P. Rowlands, assisted by a lucky bounce, seized his opportunity and scored a good try. The conversion attempt failed.

At this time the Guy's supporters could be heard urging their side to tackle first time and tackle low, or words to that effect. One felt that this advice, alas unheeded, had much point since the Bedford attack was given far too much time and space in which to operate. Indeed, had the advice been heard Rowlands would not have scored again. This time the defensive error was more costly since the conversion was simple. But then it's always so much easier when one is playing from the touchline.

From now until the end of the game the Guy's forwards were playing with a fire and dash that had earlier been wanting. Following some rugged forward play, in which Cooke and Blackwell were prominent, the ball went out to the wing where Duff the full-back (what was he doing there one wonders) scored a try. He converted it himself with an excellent kick. Duff's place kicking was generally much better than his touch kicking which was possibly a little too adventurous for some tastes.

Shortly before the end Bedford scored again from a penalty following a line-out infringement. Guy's tried hard to reduce the deficit but did not succeed.

To sum up, Guy's had the edge forward where Richards and Bryant deputised ably for Van den Berg and Lillicrap and where newcomer Blackwell had another excellent game. Cooke and Buirski played in their customary aggressive and skilful style. The link between Phelps and Lindsey was patchy but the latter's nicely judged kicks ahead were a good feature. The backs lacked penetration and speed, they were obviously unused to playing together and this made them uncertain of themselves and each other. This is not to denigrate their efforts entirely since they all showed some neat touches which must have given captain Buirski some confidence in his reserves.

Team : Duff; Gibb, Hawley, Pagliero, Leyshon ; Lindsey, Phelps ; Richards, Russell, May, Cooke, Blackwell, Sales, Buirski (capt.), Bryant.

Guy's v. Old Blues

At H.O.P. 2nd November, 1957

Result—Won 8-6

From the kick-off Guy's played an open and attacking game—tactics which initially looked like paying off handsomely and it was not until fifteen minutes had elapsed that the Old Blues made their first movement into the Hospital 25. Once there, however, they seemed to gain confidence, and a long run by Hall untackled until near the line ended in a set scrum some five yards from the posts. An infringement here led to a penalty kick by Chilton from an easy angle, and after 17 minutes Guy's were three points down.

From this point Guy's were less inclined to take chances and their prospects did not look quite so bright, while the Old Blues inspired by their lead were all out to increase it. Repeatedly both teams, Guy's to the greater extent, missed their opportunities. The Hospital pack were working well in the set scrum and the ball came out cleanly almost every time. The three-quarters however, never made much use of the splendid opportunities they were given. Again it was the tendency of the centres to run across field, and the seeming lack of confidence of the whole threequarter line which led to failure. The Old Blues' tackling, however, was to be commended, and on the few occasions their backs gained possession of the ball they used it to a better advantage than did the Hospital. In the 34th minute, R. J. Parker slipped a tackle by the Guy's winger and after attempting a cross-kick, gathered it himself and was over the line near

the left corner flag for an unconverted try. Five minutes later Guy's were to score when from an orthodox movement from a scrum on the Old Blues 25, Hawley kicked ahead, and Leyshon quickly gathered to touch down in the right corner. Buirski failed the conversion from a difficult angle.

In the second half play was very much the same for the first twenty minutes. The rugby was not good, but isolated individual efforts made it interesting. Of the backs, Hackett in particular played a sound game, for the most part combining well with Phelps, while Pagliero at full back showed promise. Cooke, Buirski, and Blackwell were prominent for the forwards, and newcomer P. Harris, in the second row made a successful debut. particularly in lineouts.

In the last twenty minutes of the game, interest mounted, with the Old Blues defending well against a now slightly superior Guy's side in attempting to maintain their lead. Although there were individual breaks in which Guy's nearly scored, it was not until 30 seconds from the end of the match that Lindsey started a movement from a loose maul, from which Hackett, with a pass from Hawley just inside the visitors' half made a long run towards the posts and was tackled some two feet from the line. Recovering he kicked the ball over the line and touched down to give Lindsey the conversion which won the match.

Team : K. Pagliero ; R. J. O. Smith, R. T. Hawley, M. Lindsey, J. Leyshon; G. W. Hackett, L. G. Phelps ; J. S. Van den Berg, W. M. Patterson, D. J. Richards, P. Harris, B. Blackwell, M. A. H. Russell, S. A. R. Cooke, A. P. Buirski (capt.).

HOSPITAL INFORMATION

GUY'S HOSPITAL

The following appointments of **Dental House Surgeons** have been made for the period 8th November, 1957, to 7th May, 1958.

General Duties : Mr. M. J. Scott, Mr. W. A. Dearlove.

Resident : Mr. E. E. Silcock.

Children's Department : Mr. D. J. Endacott

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NURSING NEWS

The following changes have taken place amongst the nursing staff :—

Left :

C/M L. Flusser.

S/N Hay.

S/N J. Goodall.

S/N B. Riddiford.

Entered :

Sister B. I. Jones (Evelina) *Theatres.*

S/N S. Sharp, *Surgery (Night).*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Ackner, Brian. Emotional Aspects of Bodily Complaints. *J. R. Inst. publ. Hlth.*, 1957, **20**, 179.

Chambers, K. S. A Case of Idiopathic Resorption. *J. Dent. Ass. S. Afr.*, 1957, **12**, 225.

Clayton-Jones, E. Management of a Colostomy. *Practitioner*, 1957, **179**, 575.

Cohen, Lawrence. Dentistry for Doctors. *Middlesex Hosp. J.*, 1957, **57** 11.

Cohen, L. and Haselden, F. G. A Pedunculated Hæmangioma of the Hard Palate. *Oral Surg., Oral Med. & Oral Path.*, 1957, **10**, 920.

Forbes, John and another. Expectorants and Sputum Viscosity. *Lancet*, 1957, ii, 767.

Ogilvie, Sir Heneage. Journey's End. *Practitioner*, 1957, **179** 584.

Simpson, Keith and another. The Seconal Capsule Murder. *Med-leg. J.*, 1957, **25**, 53.

Stafford-Clark, D. Drug Action in Relation to Schizophrenia. (An abridged version of a contribution to 'Somatic Aspects of Schizophrenia. Ed. D. Richter *Pergamon Pr.*, London, 1957). *Mod. Med.* Gt. Britain, 1957, **2**, 17.

Stafford-Clark, D. Drug Action in Relation to Schizophrenia. Chapter in Schizophrenia : Somatic Aspects. *Pergamon Pr.*, London, 1957.

Stafford-Clark, D. Télévision (II). *Hyg. Ment.*, 1956, No. 5, p. 311.

Stafford-Clark, D. Homosexuality. *Med-leg. J.*, 1957, **25**, 65.

Stafford-Clark, D. Distractions Modernes et Hygiene Mental, Deuxieme Rapport. (Communication to the World Federation of Mental Health and Hygiène, read at the Annual Conference in Berlin in August, 1956, and published in the Proceedings.)

Stevenson, F. Harwood and another. Treatment of Bronchitis in Patients with Respiratory muscle Paralysis after Poliomyelitis. *Lancet*, 1957, ii, 820.

Stewart, I. McD. G. New Prospects in the Treatment of Hypertension. *Lancet*, 1957, ii, 753.

Treadgold, Sylvia. Glossary. *Med. biol. illus.*, 1957, 7 201.

Van't Hoff, Walter, and others. Studies on Aldosterone Secretion in Man. *Brit. med. J.*, 1957, ii, 955.

Wheatley, David. Phenoxybenzamine and Vitamin K in Chilblains. *Practitioner*, 1957, **179**, 604.

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Paul Hirsch, M.B., B.S., 23, Cranes Drive, Surbiton, Surrey.

W. A. Miller, L.D.S.R.C.S., Dental Department, University of Illinois, 808, South Wood Street, Chicago 12, U.S.A.

B. C. Rich, B.D.S., L.D.S.R.C.S., 6, Maybury Court, Shaftesbury Road, Woking, Surrey.

G. W. Scott, M.D., M.R.C.P., Flat 3, Highlands, Oldfield Road, Bickley, Kent. (Tel. Imperial 5344).

J. Vance, M.B., B.S., 31, Hurlingham Gardens, London, S.W.6. (Tel. Renown 2483 (Home) and Fulham 8388 (Surgery)).

R. S. Wells, M.B., B.S., 149a, Green Dragon Lane, Winchmore Hill, N.21.

BIRTHS

CLIFFE.—On 20th October, 1957, at Widmore Road, Maternity Unit, Bromley, Kent, to Anna (née Harvey, S.R.N., S.C.M.), wife of Derek John Cliffe, M.B., B.S., D.R.C.O.G., a daughter.

GRAHAM.—On 12th April, 1957, at Salisbury, Rhodesia, to Alison (née Brydone, M.B., B.S.), wife of Alexander J. P. Graham, M.B., B.S., F.R.C.S., a son (John Alexander Brydone), a brother for Judith, Yvonne and Andrew.

MARSDEN.—On 14th October, 1957, to Patricia (née Griffiths), wife of Allen J. Marsden of Lymm, Cheshire, a son (Julian Kay).

SOOTHILL.—On 30th October, 1957, at Hawford Lock, North Claines, Worcestershire, to Brenda, wife of John E. Soothill, M.A., M.B., M.R.C.P., a son (Peter William).

SOWERBY.—On 26th September, 1957, at 1083, Holderness Road, Hull, to Ann (née Hitch, S.R.N.), wife of Peter Sowerby, M.B., B.S., a daughter (Victoria) a sister for Catherine and Mark.

WILKINSON.—On 29th October, 1957, at 25, Polstead Road, Oxford, to June (née Coghill, S.R.N., S.C.M.), wife of Ronald Wilkinson, B.A., a daughter (Joanna Ruth).

MARRIAGES

KAYE—SHOTTS.—On 1st September, 1957, at the Ealing and Acton District Synagogue, Samuel Kaye, LL.B., to Nina Shotts, L.D.S. R.C.S.

RICH—PUDNEY.—On 27th July, 1957, at St. James Church, Stedham, Midhurst, Brian Rich, B.D.S., L.D.S.R.C.S., to Judith Penelope Pudney.

DEATHS

ANGOVE.—On 24th October, 1957, Hester Scudamore, Sister in charge Massage School, Guy's Hospital, 1914-1936.

BROOME.—On 22nd October, 1957, Florence Broome, A.R.R.C., M.M., (Sister Dental Department, Guy's Hospital, 1926-1936).

MOSTERT.—On 17th August, 1957, Gysbert van Reenen Mostert, M.R.C.S., L.R.C.P., of 826, Pretorius Street, Pretoria, Transvaal, South Africa.

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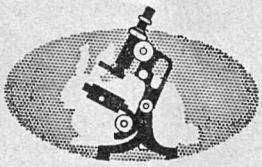

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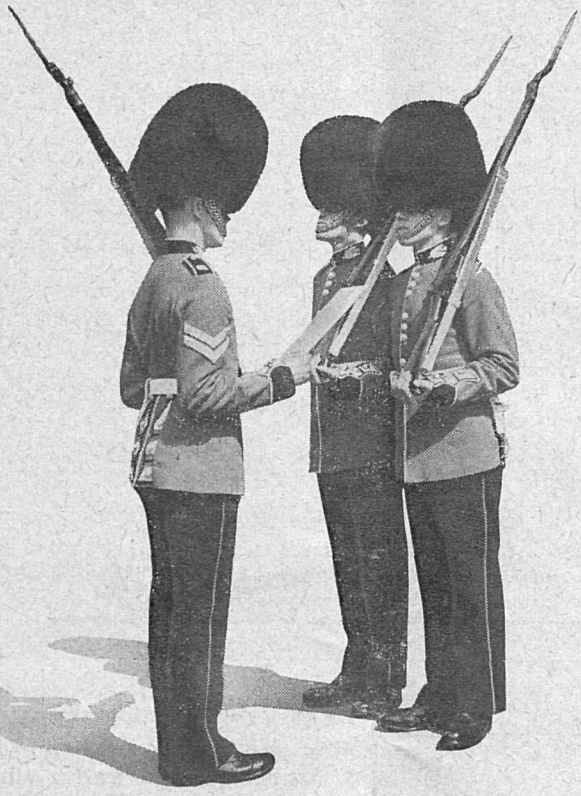

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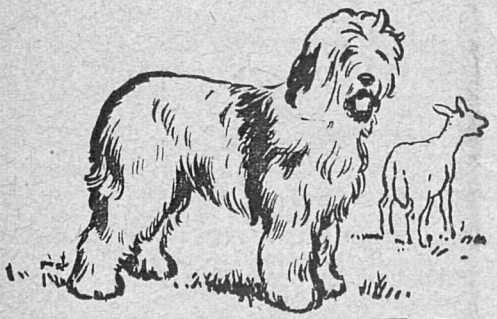

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GUY'S HOSPITAL GAZETTE

23rd November 1957

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REFERENCES

1. Holtz et al., Klin. Wochschr. 1951, *29*, 393.
2. Epstein et al., J. Dental Research 1951, *30*, 870.
3. U.S. Von Euler, "Noradrenaline", Springfield, U.S.A. 1956.

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1809 *23rd November* 1957 *One Shilling*

PASSIM

AN annotation in the *Lancet* for 16th November suggests that televiewing should be added to the list of hazardous occupations. Examples (from an American series) are described of three cases of thrombosis, two venous and one arterial, incurred while attention was being paid to the fascinating screen—to which one might add a few more. An uncle of the writer perforated a duodenal ulcer of long standing while watching a performance of T. S. Eliot's 'The Cocktail Party'. (The relationship may not be apparent but possibly there is one.) Ophthalmologists now recognize a condition of 'television eye', which occurs mostly in children and is presumably due to regarding the screen from close quarters in the squatting position. Anxiety not to miss a thing may lead to inadequate and rushed meals, and thus to iron-deficiency anæmia, vitamin deficiencies, and general ill-health. A significant number of case histories include a phrase such as this: "While watching television the patient noticed . . ." Many cases of allergy and hypersensitivity are seen in practice; why not a 'television dermatitis' ? The iniquitous idea of having a television screen in the car would lead to an increase in the number of road accidents. Pushing the boat out a little further, one may imagine the complications similar to those seen in debilitated patients confined to bed; such complications as broncho-pneumonia, urinary infection (and even acute retention), and if not bed-sores, then at least armchair-sores. And, of course, there must be taken into account the mental sloth derived from prolonged and passive participation in the activities of others, and from not having any ideas on creating one's own entertainment.

All is not lost, however, and prophylactic measures have been recommended. Such measures are the removal of girdles and tight garments, moving the legs regularly, and taking a short walk every hour or so. In view of the dangers outlined above, these measures should evidently be increased in range, and should include breathing exercises, antibiotics, antihistamines, iron and vitamin preparations, active movements to maintain full joint and soft part function, and careful attention to pressure points. For those who take their viewing seriously, a visit to the doctor is recommended, for it is his duty to prevent disease as well as to treat it.

We offer our congratulations to Dr. W. N. Mann, who has been elected to the Council of the Royal College of Physicians of London.

We record with deep regret the death of C. R. Armstrong. A most versatile person, he had already achieved a B.Sc. at Manchester and a dental qualification at Guy's, and had only recently began his clinical work in the wards. His sudden and premature death is a tragedy. An obituary notice will be found elsewhere in this issue.

In the last issue of the *Gazette*, the article '.To Risk We Live—Secure We Die" appeared anonmymously. We hope that our readers did not thereby conclude that the article was lacking in serious purpose, for it was designed to give newly qualified dentists some food for thought. The author is in fact an old Guy's man and a well-known Harley Street dentist. We apologize to him humbly for this error.

The Government's decision to refuse a pay increase to employees of the National Health Service is noted with concern. While accepting the Government's assessment of the economic situation and their policy on wages, it is nevertheless unfortunate that the first practical demonstration of this policy should fall on the heads of these workers, who are not noted for the flippancy of their wage claims or their ability to cause industrial unrest. They do have a genuine case, and their present conditions do nothing to encourage the recruitment of new staff. Further, the medical profession cannot now be too optimistic that their own case will be treated in the manner that they had hoped.

Mr. John Foster Dulles is reported to have said that in some respects the Russians seemed to be ahead of America in matters of space. Be that as it may, the achievement of Guy's in launching its own satellite should not pass without due recognition. Once again, in its own unassuming way, Guy's Hospital has been a pioneer. After a few days of intensive research, the satellite was launched one dark November night, and remained in its orbit, some twenty feet up, for several days. Observers in Smith's bookshop have been constantly following its progress. What is more, the Russians have been rather left behind, since the Guy's dog has been successfully landed by parachute, alive, in the exact spot which was planned. We congratulate the scientists of Guy's Hospital on their magnificent achievement, which no doubt stung Mr. Khruschev into some acrimonious remarks about the British lion.

We congratulate Miss Angela McDermott, who recently completed her nursing at Guy's, on being one of three London girls selected from hundreds of applicants for appointments as flight hostesses for T.W.A. in America. This is a flattering tribute both to herself and to the School of Nursing, and we envy her opportunity to enjoy the warm beaches of Florida.

GAZETTE SUBSCRIPTIONS

Subscribers are reminded that the annual subscription to the *Gazette* is 12/6 per annum, post free, and the Manager would be grateful if those who have not already done so would send a remittance before the end of the year.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *Suprarenals.*
25th	M	1.00	Dr. D. Stafford-Clark. Clinical Lecture. *Psychiatry, the Law and the Press.*
		1.00	Mr. R. O. Holland. Dental Clinical Lecture. *Pain.*
		4.45	Dr. P. M. F. Bishop. Endocrine Demonstration. *Thyrotoxicosis and Progressive Exopthalmos.* Guest speaker : Dr. I. C. Gilliland. Physiology Theatre.
26th	T	1.00	Dr. P. M. F. Bishop. Clinical Lecture. *Obesity.*
28th	Th	1.00	Dr. J. B. Escoffier, M.D., (Marie Curie Hospital, Paris). Clinical Lecture. *Disease of the Face.*
		4.30	Physiological Society. Mr. W. E. M. Pryse-Phillips. *Historical Aspects of Blood Transfusion.* Physiology Theatre.
29th	F	1.00	Dr. A. C. Hampson. Clinical Lecture. *Ulcerative Colitis.*
30th	S		Rugby 1st XV v. Old Whitgiftians (H.O.P.).
DECEMBER			Exhibition. Department of Surgery. *Obstructive Jaundice.*
2nd	M	1.00	Mr. G. F. Gibberd. Clinical Lecture. *Recent Changes in Outlook in the Management of Hæmolytic Disease of the Newborn.*
		4.45	Dr. P. M. F. Bishop. Endocrine Demonstration. *Hypothyroidism.* Guest speaker : Dr. Hubble.
4th	W		Rugby 1st XV v. London University (Motspur Park).
5th	Th	1.00	Dr. C. Hardwick. Clinical Lecture. *Carcinoma of the Stomach.*
6th	F	1.00	Dr. A. H. Douthwaite. Clinical Lecture. *Clinical Aspects of Pancreatic Disease.*
7th	S		Rugby 1st XV v. Coventry (Coventry).
9th	M	1.00	Dr. P. J. Helliwell. Clinical Lecture.

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CHRISTMAS CARDS

Guy's Christmas Cards are available in the *Gazette* Office, 16, St. Thomas's Street, prices 2/6 to 7/6 per dozen. Postage 9d. extra per dozen.

AWARD OF BLUES

At the last meeting of the Blues Committee the following were awarded Blues and Half Blues :

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		R. G. Bury
		J. D. Eustace
		K. Pagliero
		H. M. Tuddenham
Tennis Club	M. H. Devereux	M. Dobie
		D. Sellman
		K. Smith
Swimming Club	A. B. Richards	P. Trott
	T. Cutress	
	C. Jamieson	
Squash Club		W. Whitrow
Athletic Club	G. Edwards	J. W. S. Rickett
	A. Parratt	W. F. Jaworski
	R. Huddy	
	C. Evans	
Sailing Club	G. Nash	
Boat Club	D. C. Inman	A. E. Hudson
		J. D. Pullan
		G. J. Longson
Rifle Club		J. Duff
Fencing Club	K. Wade	R. Nicolson
		D. Lintott
Ladies' Clubs		
Lacrosse Club		M. MacKeith
Hockey Club		P. Cave
Squash Club		A. John

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HOSPITALS' SYMPHONY ORCHESTRA

A Concert will be held in the Great Hall of the Royal College of Surgeons on Saturday, 30th November, at 8 p.m.

The programme is :—

Mendelssohn :	Overture ; The Hebrides.
Liszt :	Les Préludes.
Mozart :	Violin Concerto in A Major.
Brahms :	Symphony No. 3 in F Major.
Berlioz :	Trojan March.

Soloist : Alan Loveday. *Conductor :* Leo Quayle.

Tickets, price 7/6, 5/- and 3/-, may be obtained from A. C. Kerr, Department of Dental Medicine.

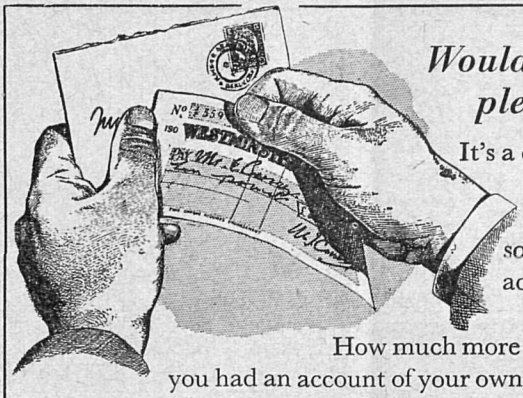
STUDENTS' HEALTH SERVICE

Mass Miniature X-ray

The Ministry of Health Mass Miniature Radiographic Unit will be at Guy's on 22nd November and subsequent days for the routine examination of students in the Medical and Dental Schools.

Before this date, notices will be posted in the Medical School, Dental School, Colonnade and College, giving the times of appointments. It is hoped that all students will make every endeavour to attend promptly at the time asked, so that examination may proceed rapidly and efficiently.

Should a student find that his name does not appear on the list, he should communicate at once with the Secretary to the Students' Health Service (Telephone HOP 3500, ext. 389).



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OBITUARY

MISS HESTER SCUDAMORE ANGOVE, *O.B.E.*

In the death of Miss Angove on 24th October, 1957, at the age of 76, Guy's has lost one of its most forceful, colourful and yet beneficent daughters.

Hester Scudamore Angove was born in East Anglia where her father was a country doctor. When she was five years old the whole family migrated to South Australia and there Hester was educated and grew up. In later life she often referred to the handicap of a scrappy education, all that was available in her youth in a pioneer district. Brought into close contact with her father's medical activities, she developed a keen sense of observation and instinct for serving the sick which never left her. She took a training in General Nursing and in Midwifery in the North Adelaide Hospital, trained in District Nursing, and then went to the Gold Fields, became Charge Nurse in the White Feather Hospital, Kanowna, Western Australia, and ultimately a District Nurse in that area. Anyone who remembers her hearty laugh and her refusal to accept defeat in her work in England can realize what a valuable asset she must have been in a rough and troubled Australian pioneer community.

In 1910 she and a friend sailed for England. Here she was disappointed to find that her Australian Nursing certificates were not recognized. No matter ! She would train again ! And so she did, in the Guy's Hospital Nursing School. At that time there was no General Nursing Council ; each Training School was a law unto itself, and at Guy's it was possible for a nurse to include a short course in Massage in her three years nursing training.

At the end of that time the Superintendent, Sir Cooper Perry and the Matron, Miss L. V. Haughton, recognising her ability, experience and untiring energy, put Miss Angove in charge of the infant School of Massage. It was lodged at first in a few rooms in the old "Clinical" building in the Park, and later moved to larger quarters in a gymnasium at the top of Hunt's House. The infant "Light Department" inhabited rooms behind the Portresses' Lodge at the back of Astley Cooper Ward off the east side of the Colonnade.

Miss Angove was enthusiastic about her work and full of ideas for its development. Both she and Sir Cooper Perry liked their own way, and in spite of their mutual respect, it was sometimes a question of "when Greek meets Greek". Between 1912 and 1916 Miss Angove as well as training and sending up batches of students for the examinations of the Incorporated Society of Trained Masseuses—later called the Chartered Society—herself studied and took the certificate in Swedish Remedial Exercises, the Teachers' Certificate and the Certificate in Medical Electricity. In 1915, after a nine months' course she had set up her first set of students among whom was Miss Gwen Bristow, who became Sister in Charge of the Electrotherapy department at Guy's and later Principal of the School of Physiotherapy at the Middlesex Hospital.

It was not until Shepherd's House was completed in 1921 that the School of Massage and Medical Gymnastics moved into its own quarters there on the ground floor and in the semi-basement, with

Miss Bristow in charge of the Electro-Therapy department on the first floor above, that modern ideas could then be developed and new equipment, such as foam baths, wax baths, a miniature swimming bath etc., installed.

In 1916 Miss Angove had been full of plans to take up medicine but when her brother was killed in the war, leaving two sons to be educated, she gave up the idea. It was a great sorrow to her but she devoted herself anew to the advancement of her department. Later she suffered a severe coronary thrombosis ; after a long and critical illness she made a good recovery, but was advised to live quietly, so with regret on all sides she retired in 1936 from the School she had made and loved so much. But living a quiet life was foreign to her temperament. She became Principal of the Blind School of Physiotherapy and also from her flat in Cumberland Mansions developed an extensive private practice.

Hester Angove was a founder member of the Incorporated Society of Trained Masseuses. She sat on the Council for a number of years, was made a Vice-President of the Chartered Society of Physiotherapy and held an honorary fellowship. In 1950 she was honoured with an O.B.E. on her retirement as Principal of the School of the Blind. She wrote one book—"Heart and Chest Diseases". At one time nearly every Principal in the various London Schools of Physiotherapy had been trained by her.

Since her death old students have written mentioning her wonderful hands filled with perfect sympathy and power, and of how she spent her life imparting this gift to students and patients alike. In recent years her health had slowly failed, but not her spirit.

I like to recall Hester in her early days, with cheery determination in the Park, learning to ride a motor bicycle, clad in vivid coloured clothes and attracting a lot of attention. She was a good friend ; all her life she allowed nothing to daunt her. She was truly "One who never turned her back but marched breast forward".

E. E. P. MACM.

C. R. ARMSTRONG, B.Sc., L.D.S.

C. R. Armstrong entered Guy's in 1951 at the age of 24 years. He had already served in the Navy and Army and had obtained a B.Sc. in Physics at Manchester. His object at Guy's was to undertake the combined medical and dental course, and he was well on the way to achieving this, having qualified L.D.S. this year.

Armstrong's interests were wide in that he was an active member of the Interplanetary Society and a Fellow of the Royal Astronomical Society. Throughout his career he had shown great interest and enthusiasm for research and at the time of his death was working on a dental problem. To his credit he did not allow these interests to interfere unduly with his progress as a student.

His vitality allied with an enquiring mind promised well for his future, and it is therefore all the more tragic that his death should have come at such an early age.

We extend to his widow and parents our deepest sympathy.

D.S.R. writes :

When I first met Rodney some five years ago I thought him quite unlike any other person I had known. Very soon I realised that to know him well was a privileged experience. He had that indefinable, but definite, vital quality, call it personality or what you will, that transformed any ordinarily mundane occurrence into a well-remembered occasion. And the people he knew ! I have never known *anybody* to have so many, and such an extraordinarily varied range of acquaintances—and I don't just mean at Guy's. It seemed to me that those of them that I met regarded him as something rather special—as someone they were a little proud of.

There was another quality which he had, for which many students, including myself, have reason to be grateful indeed—that was his complete disregard of personal convenience on behalf of his friends. No trouble for their sake was ever too much.

He gave, for instance, a great deal of private coaching in pre-clinical subjects at his home to anyone who wanted it. Friendship was, to Rodney, a relationship which bound him to give, and others to ask.

THE ODD ARTICLE (3)

By IXWORTH

IN his last little note to you Ixworth drew your attention to his own symptoms of "Blood Pressure" compared with those mentioned by the late Dr. Ryle. His only reason for doing this was the fact that so often the textbooks and lectures by experts draw a gloomy picture without giving the symptoms that are simple in themselves but at the same time are most worrying to the patient. When you are in general practice it is all these different symptoms you should know and be able to explain to the patient and thus bring him much hope and comfort. And now to continue with my own case.

You will remember I told you I had had a few attacks of hypertensive encephalopathy, but unfortunately the last attack did not clear up so quickly, and although I went back to hospital, the Dean advised me to take more time off and said that he would arrange for the assistant cardiologist to see me. Fleming had no objection; he rather felt that up there with all my colleagues coming in for a chat, it would no doubt be good for me. Fleming, who I told you is a Bart's man, but very sound, took the view that rest plus a little excercise was all I needed, with which I completely agreed. Well, we went into hospital and the first week was excellent; I saw all my pals and rested in bed in a side room with two excellent companions, a Physician and a Surgeon. Altogether life was not too bad.

X., the Assistant cardiologist, reported to me that the B.P. was very labile and coming down with rest, but he thought that small doses of a drug would be a good thing to help it. I asked about side-effects and he replied "They are nothing"!

He is a very young man, and I rather felt he might be experimenting to get a quick fall in B.P, whereas Ryle and other authorities point out the danger of this.

The first two or three days, apart from having my B.P. taken about every two hours, all went well.

On the fourth day on drying myself in the bath I slipped and fell. Fortunately I had plenty of water in the bath so that I was not hurt and said nothing about it.

A few days afterwards I was standing in the ward talking to a patient, when for some reason or other I felt horribly faint, and started back to my room which was the other side of a kind of tiled entrance hall.

I was feeling wretchedly ill (you know how it is when you feel faint), and if it had not been for a dear old soul, rather typical of one of our Borough Ladies, who was sitting in the hall and jumped up and threw her arms round me, I fear I would have collapsed on the tiles. As it was the dear old soul got me back to bed and fetched a nurse and Sister.

This attack was followed by persistent hiccoughs which no one could stop.

I told X. I was giving up the drug and would return home as I felt I would do as well there. X. agreed and we parted good friends. The following day, a Saturday, my wife fetched me in the car and, between my hiccoughs, we gossiped.

Ixworth was very happy at arriving home, but was advised to go to bed, as Fleming was coming round to see him. And that is all I know about it. My wife tells me that I did not speak to Fleming except to mention this filthy drug!

I was eating nothing; apart from the hiccoughs I had œsophageal spasm which was most unpleasant!

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On Sunday Fleming said if I had no objection he was putting me in the Cottage Hospital where I would be looked after well. As I have told you Fleming is a sound chap and for all I cared he could do what he liked. The rest is a blur . . . I vaguely remember being shifted in an ambulance to the hospital but that is all! Gradually I came to my senses to find myself minus the hiccoughs and spasm. I have never asked Fleming how he got rid of them; it may have been just the elimination of the drug X. had been giving me and which X had said was the most likely cause of the hiccoughs.

As regards the drug, I got the manufacturers to send me their brochure, and they mentioned all the side effects that I had indulged in and the care with which the drug should be used.

Speaking for myself, B.P. can be a damned nuisance, but with rest and freedom from worry there is no need to go in for drugs to knock the pressure down, because it will only go up again when the drug is stopped, and in the meantime may cause the patient a lot of distress. At the moment Ixworth must report to you that all is going well, and that the Cottage Hospital and Dr. Fleming are proud of the result, and I think rightly so.

LAID LOW

By TYMPANUM

It was lifting the potatoes that did it !

For the past three years I had contemplated the overgrown vegetable patch—inherited with our half of the houes—with decreasing enthusiasm. This year, however, fired with determination to reduce the cost of housekeeping, a definite effort was to be made. The winter proved to be unexpectedly mild, and the frost had come and gone before the first turf had been turned, but eventually the plot was made ready and one pound of ' earlies ' scientifically bedded down. Growth was slow, being rapidly outclassed by an incredible variety and profusion of collossal weeds ; these were attacked mercilessly each Sunday morning but with only partial success. The hot spell caused a near emergency requiring the transportation of vast quantities of water, in an assortment of containers, down thirty stairs and across twenty yards of rugged terrain. Nevertheless the crop was saved.

Dawned the day when the Harvest was to be gathered. An exploratory fork under plant number one revealed a definite return on our initial investment, the spoil was collected and after careful examination placed in a large sack—a spirit of optimism was in the air. It was whilst bending to lift plant number two, a particularly fine specimen, that the pain first appeared. Localized to the lower lumbar region, radiating down the back of the left leg—a disc—impossible—ridiculous—but by the time that the next plant had been reached—definite ! In the house I received the consolation that every husband expects from his doting wife, ' What can you expect if you will grovel under that filthy car '. Harsh words but bearing a modicum of truth for I had earlier that morning spent a most pleasant hour fitting a new rear spring to the car—but it couldn't have been that?

The following day I consulted the experts. After three days in a Plaster of Paris jacket, unable to eat, sit nor sleep, I retired to a bed provided with but one pillow and a very hard mattress—there I lay contemplating the beauties of an English Summer as seen through two square feet of an upper backroom window. Kind well-wishers call with words of advice and comfort. Surprisingly enough they all appear to have suffered from a similar complaint but with considerable variation in prognosis. The man downstairs was six months in plaster—in East Africa too ! He assures me that he has ' never been the same since ', this despite the recent acquisition of his second set of twins. ' The mere sight of a coal shovel is enough to make him wince.' My friend from the garage opposite was more fortunate. ' Did mine whilst holding up the rear axle of a V8', he told me. He paid a visit to the local osteopath, a man renowned and feared for his considerable strength and aplomb. ' Gave it a twist, no trouble since—twice the man I was' ; this in itself is a fearsome thought. The contribution of a friend of my wife did little to help—her pain vanished after the birth of her fourth child.

However, I remain optimistic that Science will prevail, my sole problem being that although I am now provided with a permanent excuse for avoiding all menial household tasks, how am I to correlate this with the carrying out of those essential mechanical adjustments so necessary to the smooth running of one's car ? That is assuming I ever leave this bed.

GUY'S IN PARIS

From a letter from Dr. Peter Cook

The recent letters published in the *Gazette* from Guy's men and women overseas have prompted us in Paris to write a few words about opportunities here for doctors and nurses. Most of us are working at the American Hospital in Neuilly, although recently the British Hospital at Levallois has reopened and Captain Desmond Miller is stationed there. Just now, we have Sylvia Riddell, Diana Mackinlay and Joan Buchanan nursing here, and Peter Cook, Ian Fraser, Michael Butler and until recently Philip Frost and Glyn Thomas as doctor residents.

For anyone who wants to work in Paris with ample free time, to study for an examination, to learn French, or just to see and be in Paris to recuperate from busy English House jobs, then these posts are ideal.

There are six Residents here who work for three American and several French consultants and this provides an opportunity for seeing both American and French medicine. The appointments are for one year consisting of two months residencies in each department. The salary is 40,000 francs a month ; four weeks' holiday can be taken in the year. The doctors' food and living conditions are excellent.

A close liaison exists between the hospital and Mr. Goodliffe, the Guy's Appointments Officer, and anyone interested in applying for a post here should consult him first.

Captain Desmond Miller writes :

Imagine my astonishment when I was asked by the War Office if I would like to go to Paris ! It seemed too good to be true and I did not believe it till I arrived in Paris on 28th January.

I found that I had been posted to the British Military Hospital in Levallois, a new establishment that was not to be officially opened till 3rd May by Lady Alexander.

The Hospital was formally known as the Hertford British Hospital and was founded in 1877 by Sir Richard Wallace (of Wallace Collection fame). It was forced to close five years ago through lack of funds but now with money provided by the Ministry of Defence, the Hospital has been modernised and extended, and reopened as a Military Hospital. It has a dual role—that of Military Hospital covering British Servicemen at S.H.A.P.E. and also Civilian Hospital for the British community of Paris and visitors.

There are 60 beds ; 35 Military and 25 Civilian. The Hospital is staffed and administered by military personnel. The Wards are run by Q.A.R.A.N.C. nursing orderlies on the male wards. "On the house" there are three doctors, one a French civilian and the others R.A.M.C. medical officers. The civilians provide an Out-Patient department which is run by the French resident and a consultant staff of French specialists—they also look after the civilian in-patients. Of course, it is nothing to do with the N.H.S. and the patients have to pay.

Paris is a wonderful city and this is an excellent posting.

I shall be very pleased to see any Guy's men who may be visiting Paris and to show them round our new hospital.

Nurse Riddell writes :

A year spent at the American Hospital is fun, if you like people, have unbounded energy, and a lively sense of humour !

In the midst of patients and staff of all nationalities, there is rarely a dull moment, and plenty to delight, interest and shock the English nurse. And when duty finishes, there is always Paris—city of enchantment, and an opportunity to travel all over Europe.

A year perhaps of holiday, but infinitely worth while, Those of us from Guy's hope to see other familiar faces among the nursing staff. If you are interested and have a year's post-graduate experience, the International Council of Nurses, Portland Place, will sponsor your request.

Sixty Years Ago

From Guy's Hospital Gazette, 20th November, 1897.

The possibilities of the usefulness of the Röntgen Rays so hopefully suggested when the discovery was first made, are, unlike most suggestions, being increasingly realised day after day. It is now quite a routine practice on some firms to get every possible fracture skiagraphed, and to use the result in the "setting" of

the same, to the great advantage, it is needless to say, of the patient, and to the credit of the hospital. The possibility of photographing calculi *in situ*, has also turned out to be no myth, as nearly a month ago now, an extraordinary case of renal calculus under Dr. Taylor, was successfully diagnosed by the aid of the X-rays, and Mr. Fripp was able to remove the offending body with consummate ease, though failure had been the result until the aid of the new photograph was called in.

Photo] [*Dr. S. O'Connell*

"It's all right—it's one of ours!"

2 a.m. REMINDER

You'll talk to me of capital
And say it isn't practical
And, taking all in all, you may be right.
But its very glad am I
That our founder, Thomas Guy,
Never did Front Surgery at night.

Never had to close the door,
To the lonely and the poor
Who only have senility to show
Saying "Symptoms such as these,
Hardly constitute disease,
I'm sorry but I fear you'll have to go."

Yes, I know what you will say . . .
"There's a doss-house down the way
Where the State provides a lodging and a bed,"
But don't forget when you condemn
An old man to one of them
He'll have to fight for every crust of bread.

Oh, I'm all for giving toys
To those clever back-room boys,
I suppose that we must progress if we can,
But lets take a closer look
When we balance up the book,
That the sum is still the happiness of man.

T.R.C.

CORRESPONDENCE

Letters to the Editor of the Gazette

Compulsory Lectures

From Sir John Conybeare

SIR,—The letter in the *Gazette* of 9th November, 1957, from Mr. Robert Cook, regarding compulsory lectures reminds me of the solution of the problem employed by my old chief, Dr. Lauriston Shaw. In his day each full physician in turn gave a course of compulsory systematic lectures at 9.0 a.m. several days a week. At these lectures there was no list to sign but instead the School Commissionaire stood at the entrance and noted in his book the names of those students present. When this official had left the lecture theatre, Dr. Shaw told me that he used to say " Gentlemen, your names have been taken, would those of you who do not wish to stay please leave now or stay until the end of my lecture ". According to Dr. Shaw the arrangement worked well for all concerned.

Yours etc.,

14, St. Thomas's Street,
London, S.E.1.

J. J. CONYBEARE.

Naming the New Surgical Block

SIR,—May I suggest that the projected new building of Guy's should be named after that member of Guy's Staff whose name has by far the greatest and most world-wide renown of any—Thomas Addison ? That he was a physician and not a surgeon is surely immaterial in a fame like his.

Yours etc.,

5, Bracknell Gardens,
London, N.W.3.

J. W. SHACKLE.

SIR,—The Superintendent having invited opinions about a name for the new Surgical Block I venture to suggest one which, if adopted, would, I feel sure, give general pleasure to Guy's men and women. Since Guy's House commemorates one great benefactor and Hunt's House a second would it not be entirely appropriate that the future block, the homologue of the first two, should bear the name Nuffield House ? Would substitution of another name for the present building so named really be too detrimental ? Why not William Morris House, or simply Morris House ?

After all, we have known wards to be renamed and, no doubt, the immediate result was some inconvenience, yet in remarkably short time this was no longer felt. The present Nuffield House may well in due course serve other purposes ; is it not entirely to be desired that the new Surgical Block shall perpetuate the name Nuffield ?

Yours etc.,

Chigwell, Essex.

H. H. KENSHOLE.

Modern Maladies—Old Philosophies

SIR,—Aristotle and I agree with Dr. Vertue that a study of the arts makes a man a better doctor, and thus in the wide (accidental) sense, the contemplation of beauty benefits a physician. In the narrow (formal) sense that a-physician-thinking-about-beauty won't perform his physicianly act better, the same proposition is false.

If Dr. Vertue cannot see that this proposition is thus capable of two interpretations, then I do not expect him to see that his own sentence (which includes this proposition in the form of a question with "absolute idea" substituted for "beauty") is ambiguous however it is construed, and that whatever his sentence means my paraphrase still stands as in my last letter with "beauty" substituted for "health". Nor do I expect him to see that my sentence "modern science deals with efficient causes only" is also capable of two interpretations. I meant by modern science those natural sciences which study phenomena by the modern scientific method of observation, experiment, and induction. As modern science in this sense accepts the definition (and no other) of a cause as being that which produces an effect, then it can only deal with efficient causes and not with the other three Aristotelian "causes" which do not produce effects. Modern science

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WRIGHT'S COAL TAR SOAP

in this sense neither asks nor answers the questions of the final "cause" : "What *is the end ? What is the good ?" These questions arise spontaneously in the* mind of Man and we are answered by philosophy and theology.

Dr. Vertue must have thought I meant by modern science all present-day knowledge ; but I think a philosopher or a theologian would find it odd to be called a scientist nowadays, whereas a pathologist would not mind (for it was the pathology of coronary artery disease which was in question). It is seen that "frustrated toil" and the structural changes and the biochemical disorders are all efficient causes of one sort or another in so far as they relate to the ætiology of coronary artery disease. I personally believe that the specific efficient causes of this disease are largely unknown, and that "frustrated toil" is a precipitating efficient cause of attacks of angina and cardiac infarction.

If Dr. Vertue accuses me of "double thinking" I can only reply that I see two meanings to this word : the Orwellian meaning of believing in two contradictory statements, and the Aristotelian meaning that a statement can be both true in one sense and false in another.

If Dr. Vertue does not see the double-meaning of the "double think" then I can only suppose that Aristotle and I suffered from a form of infantile mental diplopia, which we never grew out of, and that we see two meanings, where the limpid adult gaze of Dr. Vertue's mind sees but one. I do not see how Dr. Vertue can forgive us for this, any more than he can forgive a man for having a squint, but I know that he will be sorry for us.

Yours etc.,

PATRICK MONTGOMERY.

Midhurst Sanatorium,
Sussex.

P.S.—I can also see at least two types of "floating" participle, which I believe to be permissible provided that they *do* float. I believe they vary in seaworthiness. I have launched an unsinkable ocean-going example in this postscript.

Mr. Aston Key

SIR,—Mr. T. B. Layton has told us of the death of my grandfather from cholera in 1849. It is true that he always had a personal apprehension attaching to that disease, but one day he received an imploring message from a lady patient who had contracted cholera, begging him, though a surgeon, to come and see her. Feeling it was his duty to go, he went : the result we know.

Yours etc.,

M. ASTON KEY.

Southsea.

Guy's Hospital Theatre Club

SIR,—May I bring to the notice of your readers the forthcoming production of the Theatre Club ?

The play chosen is " Montserrat ", which was written in 1946 by Emanuel Roblis, and adapted from the French by Lillian Hellman. Once again, the cast consists largely of new members, and this will also be the first production to use the new lighting equipment and drapes bought with the aid of a generous grant from the Endowments Committee and the Clubs' Union.

The performances will be at 8 p.m. each evening from Monday, 2nd December to Friday, 6th December, and admission for all but the first day will be by ticket only. Tickets are obtainable by application to me, or by personal call at Smith's Bookshop in the Park between 1.0 p.m. and 2.0 p.m., from Monday, 25th November to Friday, 29th November, inclusive.

Yours etc.,

Guy's Hospital, S.E.1. RICHARD A. LEWIN (*Hon. Secretary*).

Flashing Lights

SIR,—The question of flashing lights in the Hospital has often been the subject of student inquest—notably with regard to their absence in the students' laboratory and the reading room in the College.

However, might it be possible to adjust the set in the Anatomy Theatre ? They have been carefully constructed so that they can be seen only by the lecturer, who has no need of them, and those keen students who sit in the front of the theatre and whose concentration would not be disturbed by them anyway. The poor extern or take-in clerk, sitting at the back in order to create the minimum disturbance if called—cannot be called.

Yours etc.,

Guy's Hospital, S.E.1. J. P. LEE POTTER.

CONVERSATION TOPIC

1st Man. "Are you going to the Ball" ?

2nd Man. "What Ball?"

1st Man. "The Grand Ball at the Royal Festival Hall on Friday, November 29th."

2nd Man. "Oh, is that the Ball which is from 11.0 p.m. till 5.0 a.m?"

1st Man. "That's right. It's only £3 for a double ticket and that includes Buffet and Breakfast."

2nd Man. "Well, I hadn't thought about it yet."

1st Man. "Everyone else is going you know ; and you don't want to be the odd man out so you had better get your ticket quickly. There is still time to apply.

Tickets are obtainable from J. Goodliffe, Esq., The Medical School, Guy's Hospital, S.E.1.

REVIEWS

Symptoms and Signs in Clinical Medicine. By NOBLE CHAMBERLAIN, M.D., M.Sc., F.R.C.P. John Wright & Sons Ltd. 6th Edition. *Price* 35*s.*

This well-tried and popular textbook has now entered its Sixth Edition. It is without doubt the most attractive and readable of the introductory books to medical diagnosis, its great attraction being the profuse illustrations which greatly add to the clarity of the descriptions. Most of these illustrations are of a high standard but some have little to offer and should be discarded or replaced. In the Endocrine section, the illustrations of Addison's disease, Fig. 24, and Cushings syndrome, Fig. 48, are colourless and difficult to recognize. It is necessary to refer to Fig. 114 to discover what tracings are illustrated in Figs, 109-111. The diagrams illustrating chest disease could be greatly improved; for instance in Fig. 103 it is difficult to appreciate that other structures are displaced to take up the space of the shrunken fibrotic lung.

The sections on Cardiology and Neurology have been largely re-written and are excellent. The introduction to Cardiology is the best that can be found anywhere.

The book is recommended to those entering their clinical studies, and with its excellent sections on practical procedures and laboratory investigations they will find it a valuable companion throughout their medical career.

T.R.L.F.

An Introduction to Electrocardiography. By L. SCHAMROTH. Pp. 60+xii. Figs. 106. Blackwell Scientific Publications. *Price* 12*s.* 6*d.*

There has for some time now been a need for an introductory textbook on electrocardiography which will inform the medical student in a reasonably simple fashion of just enough of the theory and practice of the subject to satisfy his quite limited requirements. This book is intended to do that.

The accent is on simplicity throughout but this has been overdone to a degree which is almost insulting to the students' intelligence and to their earlier training in anatomy, physiology and pathology. In many places aspects of these basic sciences and their development in electrocardiographic theory have been distorted

for the sake of simplicity ; for example, in the discussions of the influence of the position of the heart and of the effects of myocardial infarction. The explanation given for low-voltage complexes in pericardial effusion is wholly fanciful. The figures too have suffered in this way. Simplification which leads to omissions is also not helpful to understanding ; nowhere in the text is there an explicit statement that the P-wave is in any way related to atrial activity ('P-wave' is not even indexed). The first mention of the T-wave is in connection with the changes produced by myocardial ischæmia ; the origin and normal form of the T-wave are not discussed.

Simplicity is discarded only in the section on the arrhythmias where the author introduces a complex diagrammatic notation to indicate the various abnormal sequences occurring ; this is more involved than the electrocardiographic patterns themselves and tends to complicate and confuse.

There is still a need for an elementary text on electrocardiography for this book does not satisfactorily fulfil it.

D.C.D.

Introduction to Clinical Endocrinology. By A. STUART MASON. 1st Edition, 1957. Blackwell Scientific Publications, Oxford. Pp. 182. *Price* 22*s.* 6*d.*

When Aldous Huxley described the *Brave New World*, he invented the process of *Bokanovskification*, by which the development of a human embryo could be altered at will. To make quite sure that the process would have an authentic ring, Huxley gave it a name with seven syllables.

Scientific jargon has now outrun Huxley's parody. In endocrinology, words like corticosterone or etiocholanolone have become so commonplace that they are used as word stems for a whole range of much more complex words. The result is a deluge of language that makes even the enthusiast flinch and is likely to make the novice turn tail and run.

In these circumstances it is much to Dr. Stuart Mason's credit that his new book on endocrinology is as lucid and readable as it is authoritative. Without rivalling the larger textbooks or the excellent *Recent Advances in Endocrinology*, Dr. Mason provides all that the interested student or practitioner needs. There are particularly good sections on diagnosis, on the relationship between nutritional disorders and endocrine disease, on metabolic bone disease, on the hypothalamus, and on the recently discovered hormone aldosterone. The clinical descriptions are vivid, some lively analogies are introduced from the harem and the Red Indian reservation, and there is sound practical advice on investigation and treatment. It is perhaps odd that depression of the ST segment should be mentioned as an electrocardiographic sign of myxoedema while T-wave changes are ignored, but flaws of this kind are rare. This is a book that can be thoroughly recommended.

M. H. L.

Emergencies in Medical Practice. By ALLAN BIRCH. E. & S. Livingstone Ltd. 1956. *Price* 37*s.* 6*d.*

This book has deservedly had five editions within eight years and been translated into two foreign languages.

One is prone to think of Medicine as being a rather leisurely art in which haste is unnecessary and that it is only in Surgery that emergencies arise. A glance at this volume shows how lives can be saved and suffering lessened if one knows what to do at once in many Medical conditions. It is also salutary to read the chapter on the "Hazards of Medical Procedures" and to see how much harm one can do by doing too much. This chapter illustrates how one can be on guard to deal with the unexpected in some routine procedures. It is definitely not a textbook to be read steadily from cover to cover but is crammed full of really practical points (such as instruction in how to remove an overtight wedding ring) which have helped the author and others in active practice, and should be on the bookshelf of every young general practitioner and casualty officer both for reference to a particular problem and for perusal in an unoccupied 10-15 minutes during the day.

In a book such as this it is difficult to select any section as better than another, but your reviewer particularly liked the excellent illustrations in the section on artificial respiration, and the useful appendices including information on where to search for vaccine, sera and anti-toxin, not often required, but when wanted, required immediately. In all a well-printed, well-produced book which is highly recommended.

D.P.F.

Pye's Surgical Handicraft. By HAMILTON BAILEY, F.R.C.S., F.R.A.S., F.R.S. (Ed.). John Wright. 17th Edition. Pp. 800—xiii. *Price* 52*s.*

The considerable increase in price of this standard work since the 1950 edition will come as a shock to many, but it is unlikely to deter them from acquiring an unrivalled practical manual. It results, no doubt, partly from the general increase in printing costs, and partly from the better quality paper on which the book, to its advantage, is now printed. It has been widely revised and rewritten, and there are many more and better illustrations than in the last edition. A radical, and overdue, change of attitude has taken place towards the use of heat in the treatment of shock. If a minor criticism can be made, it is against the excessive gadget-mindedness of the editor. This results in rather too much text and illustration space being taken up with 'simple home-made adaptations' and 'useful instruments that can be purchased for a few pence'. Most readers would prefer to know the best way to do things without the extra gadgets ; furthermore the possessor of all that are recommended would need several Pooh-pots (the definition of which, as all literate readers will know, is 'A useful pot to put things in').

T.W.H.

SPORT

RUGBY FOOTBALL

Guy's v. Birkenhead Park

At Birkenhead 9th November, 1957
Result—Lost 5-29

Old cliché though it is, no player or spectator would say that this difference in score gave a fair representation of the day's play, which was for the most part extremely entertaining rugby.

Guy's fought gamely against a side, which, to their credit made the most of their opportunities when they presented themselves.

With both sides playing an open game, the hospital if anything had the prettier moves in the back line, with the centres much improved on previous games. A perfectly executed scissors movement on the halfway line between Lindsey and Hawley, all but ended in a try, and drew deserved applause from an appreciative crowd. This was but one of quite a few promising moves which unfortunately never quite culminated in actual points.

A scrummage infringement inside the hospital 25 led to Robins putting the home team ahead with an early penalty, and before half-time Guy's were another five points down when fly-half Woods avoided a tackle and broke through to score a good try which Robins converted from a difficult angle. The latter's inspired kicking was an asset to his side and accounted for eleven of their twenty nine points before the end of the match.

Early in the second half misfortune struck the hospital when Phelps was carried off with a fractured clavicle leaving an impoverished pack and a weakened back division, as Buirski moved to the centre to replace Lindsey, now playing at scrum-half. Taking advantage of the situation almost immediately, the Park increased their lead with a try by Endall, from an orthodox movement. With determination Guy's countered with one of the best tries of the match, when Lindsey gathered from a loose move in the hospital half and passed to Hackett who made an opening for Leyshon who made a short break and timed his pass to Hawley well, enabling him to make a grand run only to be tackled almost on the line, and it was Harris, following up who took the scoring pass, to touch down near the posts, giving Pagliero an easy conversion.

The hospital tried hard to sustain their efforts, but the last fifteen minutes saw the Park in an excellent finish well ahead with further tries from Woods, Fitzgerald, Tipping and finally Williams, the Cheshire county wing three-quarter who throughout the game had been exceptionally well marked by Leyshon who all but stopped the former's only try.

To sum up, the hospital defeat was due to a combination of the depleted and re-arranged side, and infrequent but vital chinks in the defence, not unaided by a previous injury to Patterson whose hooking as a result temporarily lost its usual accuracy. The home side did well in an open game, and while not wishing to discourage open rugby, it might be said that with a ninety per cent. possession in line-outs, in which Blackwell, and Harris were again prominent, more use could have been made of the touchline, when outside the Park 25.

Team : K. M. Pagliero; R. J. O. Smith, R. T. Hawley, M. Lindsey, J. Leyshon; G. W. Hackett, L. Phelps; J. S. Van den Berg, W. M. Patterson, D. J. Richards, P. Harris, B. Blackwell, M. A. H. Russell, A. Buirski (Capt.), N. Glendinning.

Guy's v. The Wasps

At Sudbury 26th October, 1957
Result—Lost 19-3

Disappointingly, this was not a good match to watch. Even with the Wasps contingent of four England Trialists, and an international in the person of Yarranton, little first-class rugby was seen. Injuries and infringements were rife and play in general particularly by Guy's was not of a good standard.

The first half was slightly the better of the two, but although Hollingsworth was injured in the first five minutes and took no further part in the game, play was slightly more in the hospital half, and Guy's did well to hold as they did against repeated attacks, usually from line-outs dangerously placed, the Wasps' kicks being considerably aided by a fairly strong wind. In the 20th minute however, late tackling by Guy's enabled Simmonds to score near the touchline from an orthodox three-quarter movement. Zaidman failed to convert. Guy's were kept in their own half mainly from a combination of poor kicking and the force of the wind against other kicks which might have released the pressure. Good covering by the Wasps made it difficult to make much ground by running with the ball. It was not however, until the 46th minute that Wasps scored again. Now two men down, Simmonds having left the field two minutes before, Kent, unmarked, scored directly from a set scrum on the Guy's 25, to give Zaidman an easy conversion.

Eight points down at the commencement of the second half, the hospital were slow to take advantage of the depleted home team's mistakes in the first few minutes, and the pack which had hitherto held their own became less concerted in their effort. After ten minutes however, Guy's

did score a rather unorthodox try when Phelps made a break after gathering from a loose maul, and ran twice across the line of defenders inside the 25, before passing to Leyshon who gave Hawley the scoring pass as he was bundled into the right corner flag.

Wasps were very quickly back in the Guy's half, and five minutes later, Bartlett the home team's winger was tackled by Buirski, some two feet from the line. A series of set scrums inside the hospital 25 followed, and it was from one of these that Kent started a blind side movement which enabled Greenhow who had been frequently dangerous to score between the posts. Zaidman again converted.

The home team were now well on top, and Syrett, Cutter and Yarranton in particular were prominent in line-outs. Cutter in fact was the next to score, when having flicked the ball to the scrum half, took the pass back inside and scored an unconverted try in the right corner For the next ten minutes Guy's made an attempt to increase their own score, but with insufficient determination and thrust, and Bendon for the Wasps was the next to score from an orthodox three-quarter movement, which he was following up. Zaidman failed to convert, and the whistle brought an end to a match which is best forgotten.

Team : J. K. Duff; D. H. Gibb, R. T. Hawley, R. J. O. Smith, J. Leyshon; M. Lindsey, L. G. Phelps; J. S. Van den Berg, W. M. Patterson, D. J. Richards, B. Blackwell, S. A. R. Cooke, J. Sales, A. P. Buirski (Capt.), M. A. H. Russell.

Guy's v. Rosslyn Park

At H.O.P. 16th November, 1957
Result—Won 8-6

With scrum-half Phelps still suffering from his Birkenhead Park shoulder injury, which is likely to incapacitate him for some time, and Hawley unable to play from an injury in the Wednesday game, it was with a relatively new and re-arranged back line that Guy's took the field to meet Rosslyn Park, whose enviable record this season made the hospital's deserved win all the more impressive.

Guy's kicked off and immediately pressed forward much to their advantage. After two minutes of loose play in the visitors' 25, the hospital scored when from a set scrum underneath the posts, freshman J. D. R. Nicholas gave a clean pass to Hackett who dropped a fine goal from outside the 25. The Park were quick to assert themselves and there followed a series of attacks in the hospital half which due to the visitors supremacy in line outs were rather a problem for the hospital defence. It was in the 15th minute that the equaliser came, when Benker-Coker jumped a tackle and made a break before passing inside to winger Ware who gave the scoring pass to Thomas who touched down near the right corner flag for an unconverted try. Following this, play was still largely in the Guy's half, and ten minutes later, an orthodox movement from a line-out on the right 25 resulted in a try from Outram who, although tackled by Pagliero, managed to touch down inches from the left corner flag. Hardham failed to convert. For the remainder of the second half, as a result of the tackle, Pagliero was little more than a passenger, and Buirski came out of the pack to cover for him in defence. No further score was put on however, although several moves were started, but in this situation the effectiveness of the hospital tackling is to be criticized. Lower and harder tackles in future games may save unnecessary tries.

The second half saw a complete reversal of the run of play. A break through by Blackwell from the hospital 25 and the following kick ahead by Richards took Guy's inside the Park 25, where they stayed for practically the rest of the half.

Throughout the game the hospital were vastly superior in set scrums, and forward play in general was of a high standard. The quick heeling gave newcomer Nicholas a chance to give of his best, and give it he did in a most impressive debut at scrum-half. Although pressing continuously near the visitors' line, and at times looking as if they must score Guy's somehow for most of the second half failed actually to score. The Park were only able to make three short and ineffective sorties into the hospital half. Guy's were awarded a penalty from outside the 10 yard line but still failed to equalise, and it was not until the last 10 minutes, with Van den Berg off the field with a face injury, and Pagliero still limping badly, that Nicholas gathered the ball from a loose maul on the Park 25, and foiling three defenders, broke through himself to score eight yards from the touch line. Duff converted to put the hospital ahead.

The Park immediately made a last desperate move into the Guy's half and ironically were awarded a penalty for their pains. Hardham took the kick but failed and Smith cleared with a long kick which took the hospital out of trouble's way until the end of the game.

Team : K. M. Pagliero; J. Leyshon, M. Lindsey, R. J. O. Smith, J. K. Duff ; G. W. Hackett, J. D. R. Nicholas; J. S. Van den Berg, W. M. Patterson, D. J. Richards, B. Blackwell, P. Harris, M. A. H. Russell, S. A. R. Cooke, A. P. Buirski (Capt.).

CROSS-COUNTRY

On Saturday, 16th November, 1957, at Parliament Hill Fields

Our opening match versus Imperial College, University College and the Institute of Education was a most satisfactory beginning to the season. The race was run over a two-lap course of five and a half miles. In the first lap team-packing was most evident, Parratt moving into second place, with Huddy (Captain), Phipps, Rickett, Davis and Mitchell all among the leaders. In the second lap Parratt pulled away with the leader, and Phipps went into fourth place, moving extremely fast on the slopes. Huddy and Rickett kept close behind, but unfortunately Davis had to stop several times to tie his shoelaces, and Mitchell received a number of baptisms in the mud, so that their final placings did not do them justice. Boothby and Meyer ran well to back-place opponents. The team romped home with Parratt second, Phipps fourth, Huddy sixth, Rickett seventh, Davis ninteenth, Mitchell twentieth, Boothby twenty-fourth and Meyer thirty-sixth in a field of about fifty. The final result was a win for Guy's, who scored 58 points to Imperial College's 66, with University College third. We thus defeated the two strongest cross-country sides in the University, a most heartening victory.

GUY'S HOSPITAL MOTORING CLUB

The 5th Annual Night Navigation Rally

Start.—5 p.m. Saturday, 30th November, at Guy's (next to the Spit). Regulations and starting times will be posted on the Club notice board on the 29th.

Finish.—" White Hart ", Colliers Row, Romford. 493909.

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Entries.—5/- per car to Colin Bullock, before Thursday, 28th November. (7/6 after).

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At a comitia on 31st October Dr. W. N. Mann was elected to the Council.

APPOINTMENTS VACANT

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The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in the Casualty Department** with attendance on 6 sessions per week, to commence duties on the 1st April, 1958,

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **31st December, 1957.**

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J. R. Allan
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Sheila M. Creegan
J. K. Duff
Una M. Dugan
R. W. Elsdon-Dew
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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Armin, J. and Grant, R. T. Further Observations on Vasoconstrictor Substances in Blood of Rabbit and Man, *J. Physiol.*, 1957, **138**, 401.

Armin J., and Grant, R. T. The Vasoconstriction Caused by a Pyrogen. *J. Physiol.*, 1957, **138**, 417.

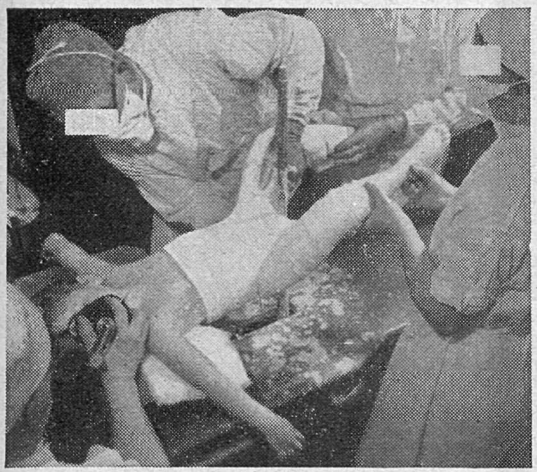
Douthwaite, A. H. Discussion : Use and Abuse of Bio-chemical Tests. *Med. Soc. Trans.*, 73, 178.

Hawkins, C. F. Part-time Specialisation. *Queen's Med. Mag.*, 1957, **49**, 156.

Lorber, John. B.C.G. Tuberculin. *Arch. Dis. Childh.*, 1957, **32**, 441.

Northfield, D. W. C. Rathke-Pouch Tumours. *Brain*, 1957, **80** 293.

Management of congenital dislocation of the hip



1. *Child anæsthetized—position of limbs maintained by assistants whilst the orthopædic surgeon applies the bandages; Gypsona p.o.P. bandages being applied over padding protecting bony prominences.*

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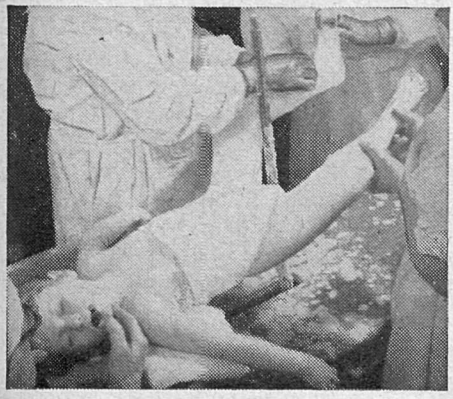
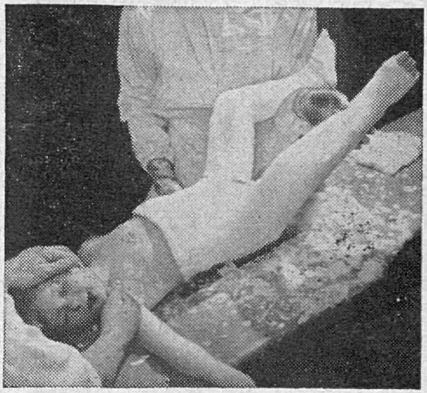


2. *Surgeon completing the plastering of left leg and foot—anæsthetic discontinued.*



3. *Completed plaster—anterior aspect.*

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Northfield, D. W. C. Discussion : The Treatment of Head Injuries. *Med. Soc. Trans.*, 1956-57, 73, 147.

Vaughan, G. F. The Role of Chlorpromazine in the Management of Psychiatric Patients. *Postgrad. med. J.*, 1957, 33, 548.

Warner, E. C. Undergraduate Education II. Towards a Solution. *Med. World*, 1957, 87 468.

Winstanley, D. P. and others. Studies on Human Anti-A Sera with Special Reference to 'So-called' Immune Anti-A. I. The AP Antigen and the Specificity of the Hæmolysin in Anti-A Sera. *Brit. J. Haemat.*, 1957, 3, 341.

CHANGES OF ADDRESS

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H. F. Lunn, F.R.C.S., Medical School, P.O. Box 2072, Kampala, Uganda.

Jack Palmer, M.B., B.S., D.R.C.O.G., Highway Cottage, South Chailey, Sussex. (Tel. Barcombe 406).

BIRTHS

DADE.—On 2nd November, 1957, at Queen Charlotte's Hospital to Freya, wife of John Dade, M.B., B.S., a daughter (Karen), a sister for Deborah.

JEMSON.—On 5th Novenber, 1957, at Melita, Manitoba, Canada, to Barbara (née Duke), wife of John A. Jemson, twin sons, Steven and Paul.

MURPHY.—On 4th November, 1957, in Nuffield House to Doctors Isabelle (née Thompson) and Grahame, a son (Jocelyn William).

O'GORMAN.—To Christina (née Pound, S.R.N.), wife of Pat O'Gorman, a son (Peter Alexander), a brother for Michael, Ann and Gillian.

VINE.—On 1st November, 1957, at Battle Hospital, Reading, to Denise (née Walden), wife of S. M. Vine, M.R.C.P., a daughter.

WOLFSOHN.—On 20th September, 1957, at 608 Rapallo, Sea Point, Cape Town, to Annette, wife of Wally Wolfsohn, L.D.S. R.C.S., a son (Roger Eban).

MARRIAGE

EDMUNDS—GRAY.—On 19th October, 1957, at St. Mary's Church, Watford, Roger Edmunds, M.B., B.S., to Madeline Gray, S.R.N.

DEATHS

MINDHAM.—On 13th October, 1957, William Frederick Mindham, M.R.C.S., L.R.C.P., of Bailey House, Thorne, near Doncaster.

TURNER.—On 1st November, 1957, Frank Douglas Turner, C.B.E., M.R.C.S., L.R.C.P., of 8a, Beverley Road, Colchester.

TANNER.—On 15th November, 1957, Reginald Douglas Tanner, L.D.S.R.C.S., at Lumeah Nursing Home, Deal, aged 69.

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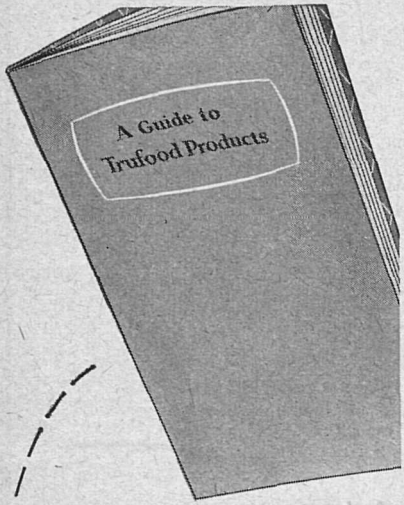

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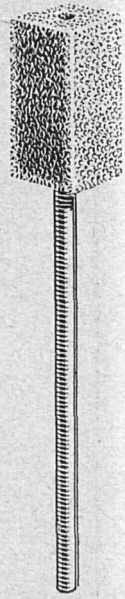

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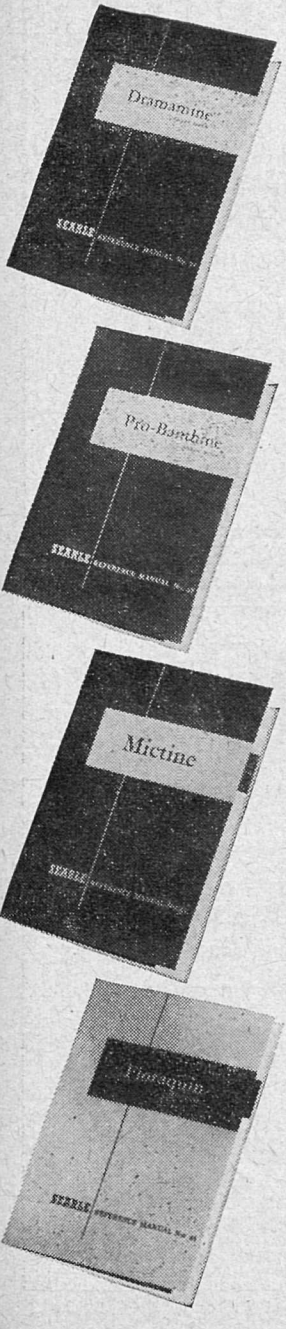

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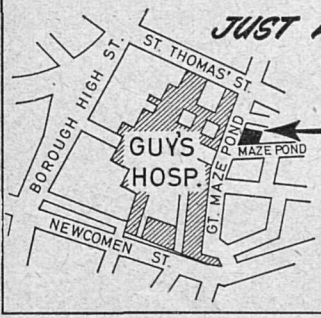

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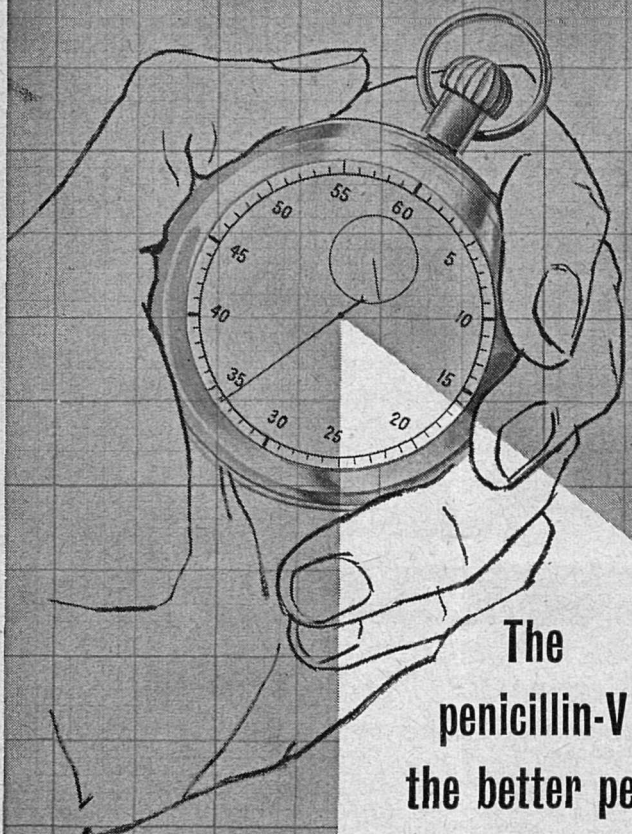

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7th December 1957

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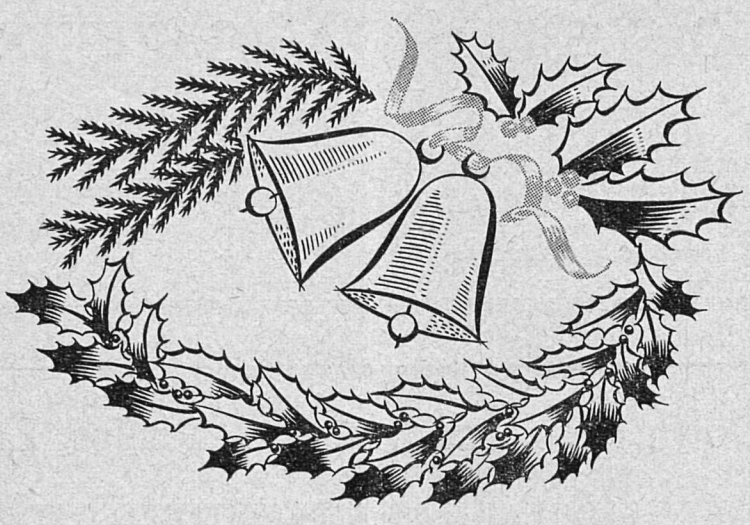

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GUY'S HOSPITAL GAZETTE

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PASSIM

RECENTLY, in London, a demonstration of Colour Television in Medicine was put on by a Guy's team with the co-operation of the B.B.C. and the Marconi Wireless and Telegraph Company. The demonstration covered a wide field, from Physics and Biology to Dermatology and Endocrinology, and the question naturally arises whether this medium has a future in the teaching of medical and dental students at all stages of their careers, and indeed of all classes of students associated with the profession. Television may be regarded as opium for the people, and its frivolous connections provide an opportunity for the cynic, but it is this hypnotic quality which should make it such an admirable medium for teaching. The medium is flexible, allowing recapitulation; those events which of their nature are suitable for only small numbers of people can be brought to much larger audiences, and these audiences may participate actively. A film is impersonal by comparison.

The demonstration itself indicated that these are not merely idle claims. Technically, there is no doubt at all that the standard is very high; the colour is extremely impressive, and small detail is not obscured. The personality of the teacher—always of significance in any form of education—appears to lose nothing by passing through a series of cables and land-lines. It seems clear also that, although they were not included in the demonstration, such fields as operative surgery, midwifery, and endoscopy would provide admirable and valuable material for this form of teaching.

The idea is certainly a somewhat revolutionary one in medical education, and any thought of putting it into practice is bound to meet with difficulties. One recalls Mr. Groucho Marx, portraying a horse doctor masquerading as a surgeon, accused by one of his colleagues of being mad. His sanguine reply was: "Yes, they said that about Pasteur." Not that there is any madness involved here, but anything radically new usually manages to unearth some rooted objections. Sooner or later we arrive at financial problems. The best answer could surely be found by introducing it as an experiment for a certain period of time. It could be a great advance, and it could bring much kudos to Guy's Hospital.

We record with regret the death, on 29th November, of Dr. John Henry Ryffel, Consulting Clinical Chemist Emeritus to the Hospital, and Honorary Analyst to the Home Office. An obituary will appear in our next issue.

A memorial service for the late Miss Hester Scudamore Angove was held in Guy's Hospital Chapel on Thursday, 28th November.

The Grand Ball held at the Royal Festival Hall on 29th November, was a sparkling addition to the social calendar of the Hospital, and we congratulate Mr. C. J. Rowland on the success of this function, which he and his aides worked so hard to bring about. Over nine hundred people thronged to the Hall, to spend a most enjoyable night dancing to Bill Savill and his orchestra. There can be few pleasanter settings for such an occasion, and it was with reluctance that the dancers left, after breakfasting in the restaurant overlooking the Thames. We share the confidence expressed by Mr. J. S. Batchelor, the President of the Clubs' Union, that this Ball will now become an annual event, not to be missed.

Out-Patients Hall is now graced by a self-conscious, rubicund machine which will convert a sixpence into coffee or hot chocolate, with or without sugar and cream. An initial sortie to assess its worth was foiled by a notice saying "Temporarily out of order," but a further foray one evening this week vouchsafed an (alarmingly) collapsible cardboard beaker of agreeably hot coffee. As automation progresses, what will be the next step ? We confidently predict the Front Surgery sewing machine, Mk I.

While deploring the commercial extension of Christmas into mid-October, we feel the bustle is now becoming legitimate. Christmas cards are going like hot cakes, the calendars proclaim December from all sides, and silver stars and other items cluster on tables in corners of the wards. Sisters are conducting a vigorous recruiting drive among the firms, and maintaining admirable standards of security about the themes of the Christmas décor. We regard, however, with mixed feelings the forecast, made by a usually unreliable source, that there is to be a White Christmas !

Seventy Years Ago

From Guy's Hospital Gazette, 10th December, 1887.

WHY HE WAS A VEGETARIAN

(Extract from an oration recently delivered before the "Amalgamated Association for the Fiual Suppression of Individual Judgement.")

"Before I became a Vegetarian I had suffered from rheumatism for years. I had consulted the *Leading Doctors* of Great Britain without avail (Ah, and no wonder !). I had varicose veins on both legs (murmurs), and was covered with eczema to that extent that I didn't know my own father (great sensation)—I mean that my own father didn't know me. But, gentlemen, I was one day recommended to try Vegetarianism. What is the result ? I have lost my rheumatism (sensation) thrown away my elastic stockings (cheers) and am now without spot or blemish from head to foot (loud and prolonged applause)."

The orator went on, amid signs of great enthusiasm, to offer to run upstairs three steps at a time against anyone present (not taken), and concluded by remarking that if there were anyone of his own size and weight in the room willing to stand up alongside of him, he would kick his hat off.

At this period the herbivorous champion was removed by his friends, and our reporter seized the opportunity of beating a hasty retreat.

of Guy's? The late Lord Moynihan once said something to the effect that he was at heart a physician who happened to do Surgery. By the same token, would there be any objection to Hurst—a physician—giving his name to the Surgical Block ?

Yours etc.,

Missenden Lodge,
Withdean Avenue,
Brighton, 5.

G. L. DAVIES.

To Risk We Live—Secure We Die

SIR,—May I congratulate you on your article "To Risk We Live—Secure We Die". The writer quotes our familiarity with the "slightly pompous provincial Dentist", but might well have added Doctor, Solicitor or any other professional man. Those of us who by reason of the War were spared the fate of immediate total immersion in practice are now in a position where from time to time we may hope to influence the next generation. Most of us would, I think, concur with the feelings of your contributor. As a scientific and specialised education claim more and more of our country's young men, it is the more important that those of us whose calling is with people know something about the human race as a whole, how it lives and how it works outside the mock security of our "Welfare State".

A year or so ago you published an article similar in feeling calling attention to the opportunities offered by the Grenville Mission. If their effect is to help just one Guy's man to put off the enfolding pages of his Appointment Book for a few years it will be not only to his gain, but to that of his patients in the years to come, wherever he may decide to practise.

Yours etc.,

7, Harcourt House,
19A, Cavendish Square, W.1.

DAVID PLOWMAN.

Heraldic Symbols

SIR,—The pædiatric consultant to this hospital states that he has never yet met anyone from Guy's, who can tell him the meaning of the heraldic symbols on our hospital crest. My knowledge of such matters being rather scanty I was unable to help him. Will some one please enlighten me ?

Yours etc.,

PHYLLIS C. SOUTHWELL, S.R.N.

British Hospital for Mothers and Babies,
S.E.18.

Dr. Judith Nosworthy

From Professor C. B. Allsopp

SIR,—You may be interested in the following extract from a letter which I received recently from Dr. Judith Nosworthy (Physics Department, 1953-56) who is now working at the University of Notre Dame, Illinois :

"Last week-end I went on a trip with an International Group from Chicago . . . by strange coincidence in the group of some 77 people, which included 38 different nationalities, we had just 5 English people including myself. To our amusement it seems that we had all at some time worked at Guy's—respectively two dentists, a nurse and a radiologist besides myself ! "

Yours etc.,

Guy's Hospital, S.E.1.

C. B. ALLSOPP.

Music Club's Christmas Concert

SIR,—May I use your columns to inform your readers of the Music Club's Christmas Concert ? On Tuesday, 10th December, we will be giving a performance of the Christmas Oratorio by J. S. Bach in the Chapel at 7.30 p.m. This term we have a more enthusiastic choir and orchestra than in previous years and we hope that an equally enthusiastic audience will come and enjoy itself.

Yours etc.,

M. A. McL. BAILEY,
Hon. Sec. Music Club.

Guy's Hospital, S.E.1.

REVIEWS

Sidelights on the History of Medicine. By SIR ZACHARY COPE. Butterworth & Co. Ltd. *Price* 45*s*.

This volume consists of twenty-three papers presented, during the last forty years, to the Section of History of the Royal Society of Medicine. Selected by Sir Zachary Cope, it is a matter of course that they are of outstanding interest and merit. To consider the names of the authors is of historical interest because eleven papers are by distinguished men no longer living.

The first paper is by the late St. Clair Thomson on the need for the study of history of medicine, ending with a quotation from Andrew Lang that "the little present must not be allowed wholly to elbow the great past out of view". The others are in chronological order (with perhaps one exception) beginning with anatomy in Egypt and ending with the discovery of X-rays. To look through the titles gives something of a birds-eye view of the history of medicine, and no doubt the book will appeal most readily to those who have a knowledge of the background. The papers make easy reading, however, for any medical man.

The average medical student (whether undergraduate or post-graduate) when reading medical history finds it rather difficult to keep his sense of proportion. For example, he might wish to study Galen, and the authority he exercised, before reading the paper on Paracelsus and Van Helmont. Or he would wish to know a good deal about Vesalius and Harvey before studying the one on Richard Lower.

He should, however, study this volume at the right opportunity; and one might suggest that he should begin at once with the following : "The Royal College of Physicians of London" by Dr. A. P. Cawadias, in which the story gives a back-

ground to the history of the times. In Dr. Guthrie's paper "The Patient; a Neglected Factor in the History of Medicine," he will find a delightful storehouse of historical facts wrapped up in the spirit of the subject. So also in "Surgical Lectures 150 Years Ago" by Sir Zachary Cope he will gain a similar reward. The chapter on Auenbrugger and Laënnec, if perhaps less distinguished, will fit with his work in the wards. To read these papers, making a few notes, would be a sound introduction to the history of medicine from Linacre in the sixteenth century to Astley Cooper and Laënnec in the earlier part of the nineteenth.

Three instructive chapters, which could be read independently are those on William Withering of digitalis fame, Philip Syng Physick, which takes us to America, and that on Robert Knox. After the last of which, a student might enjoy Robert Louis Stevenson's story of *The Body-Snatcher.*

One of the most illuminating and enjoyable of these sidelights comes from the well-known pen of Sir Arthur MacNalty with an account of Edward Bancroft and the War of American Independence. And of course when Professor Singer writes on Medical Science in the Dark Ages we get a most instructive account of this obscure period. The most technical paper is that on Wilhelm Conrad Röntgen, but the two pages on the "Reaction to the Discovery in the Scientific and Social Worlds" should be read by everyone. There is also a human element in Röntgen's life, in that he was expelled from school because he would not "split on a fellow pupil who had drawn a caricature of the teacher".

A volume published to commemorate the Jubilee of the Royal Society of Medicine is of historic interest in itself. The distinguished editor expresses the hope that it includes subjects of interest to all branches of the profession. One would like to suggest that the whole book should appeal to any member of the profession and to many laymen. Every chapter is full of interest and instruction; it is a volume that should be studied at leisure. H.B.

Biochemical Disorders in Human Disease. By R. H. S. THOMPSON and E. J. KING. Churchill (London), 1957. Pp. 843. *Price 90s.*

This is a monumental work by a number of distinguished British and American contributors ably welded into a whole by the senior authors. Necessarily technical in parts, it is clearly and concisely written, highly informative and up to date. The index is accurate and the references magnificent both in selection and volume, the "Author" index occupying 23 closely printed pages. All can read it easily and few without instructions.

Criticisms are minor and chiefly laments for omissions. Although there is a good deal of information scattered about the book, most clinical workers would wish for full chapters on water and electrolyte metabolism. Also some descriptions of the proteins in hyper-immune states would have been of great interest. Jargon has once or twice appeared despite the author's determined attempts at simplicity. For instance, the expression "GSSG" cannot be identified from the text of page 563.

But these are small blemishes on a work of great scholarship that must undoubtedly become a standard reference book for all those interested in the biological aspects of medicine. C.L.J.

Foot Troubles. By T. T. STAMM, F.R.C.S. Duckworth's Modern Health Series. Pp. 122. *Price 8s. 6d.*

The aim of this little book, one of the " Modern Health " series, is to provide simple but authoritative information for the enquiring patient concerning his ailment. The medical author thus has a difficult course to steer, between the academic and the " popular," avoiding both over-simplification and obscurity.

The balance has been nicely judged by Mr. Stamm, who has produced a book that will satisfy the intelligent layman and at the same time provide much to interest the practitioner.

The opening chapter contains a lucid account of the mechanics of the normal and abnormal foot, and this is followed by a discussion of flat foot and footstrain, which exposes many of the popular fallacies concerning flat foot and explains the causation of various types of footstrain. These two chapters contain a fresh and rational approach that would not be out of place in an orthopaedic textbook.

Hallux valgus and hallux rigidus, their causes and the principles of treatment are considered next, followed by a comprehensive description of various minor foot complaints. The book, which is illustrated with photographs and line drawings, ends with advice on the care of children's feet and a forthright discussion on footwear.

This is a book which can be wholeheartedly recommended to the layman, and

which, for the medical student and practitioner, will help to clarify some aspects at least of a subject that is on the whole not well served in standard textbooks.

B.H.B.

A Manual of Stomatology for Dental and Medical Practitioners. By J. P. WALSH, M.B., B.S., D.D.Sc., L.D.S., F.D.S.R.C.S., M.D.S., and with a foreword by Sir Charles Hercus, Dean of the Medical Faculty, University of Otago. N. M. Peryer Ltd., Christchurch, New Zealand. Pp. 130. *Price* 30*s.*

The title may be a little misleading. This small book is founded upon a course of lectures to medical students and is suitable for such readers. It presents in a simple form information about the teeth, dentistry and some characteristic oral lesions of which every medical practitioner should have knowledge ; and it does so with a modest regard for the quantity which the student may wish to accept at this stage. It is not a book for a practitioner already interested in the differential diagnosis of oral lesions and of course does not pretend to be a reference book. Oral lesions of soft tissues and bone, with the exception of those commonly treated by dentists, are mentioned rather than described. There are parts of the book which can be read with advantage by medical and dental practitioners, and which will lead to better understanding of the difficulties which may arise between the two groups. In other sections the medical practitioner will find helpful advice as to how unavoidable dental emergencies may be handled.

M.A.R.

Human Disease. By A. E. CLARK-KENNEDY. Penguin Books, 1957. Pp. 267. *Price* 3*s.* 6*d.*

This is the second volume in the Pelican Medical Series. Dr. Clark-Kennedy is particularly concerned that the "intelligent layman", he submits, should have an appreciation of the real nature of disease which will help to maintain a proper relationship between patient and doctor. Granted this, it is nevertheless difficult to strike a balance between the knowledge necessary to remove fear and ignorance, and the little learning that may be dangerous. Even a most intelligent layman may have difficulty with the technical terms in this book (which are unavoidable), and he may pale slightly on turning to the glossary to find this definition : "A.C.T.H.—the hormone (*q.v.*) secreted by the pituitary gland (*q.v.*) which stimulates the suprarenal glands (*q.v.*) to produce cortisone (*q.v.*)" The author hopes that the book will be of value to medical students and doctors, and to these, especially the former, it can be warmly recommended. The reader will almost certainly learn something that he did not know before, and he may also understand fully something that was previously shrouded in mystery. This approach to the problem of disease is not to be found in any textbook, and Dr. Clark-Kennedy's easy style is a pleasure to read. One minor irritating feature of the text is a rather liberal use of exclamation marks.

P.M.E.D.

SPORT

RUGBY FOOTBALL

Guy's v. Aberavon

At Aberavon. 23rd November, 1957

Result—Lost 0-16

The visit to Aberavon has long been one of the most popular fixtures of the year and the anticipation by the hospital team of a clean well-contested match was amply justified in a game which despite the margin of the score gave good entertainment to a large and appreciative crowd. In Hawley's continued absence R. J. O. Smith moved to centre while C. E. Evans returned to right wing.

Aberavon started immediately after the kick-off, with the fast open type of game for which they are renowned, and it was in the ninth minute while the hospital were still unsettled, that the home team scored their first try. In a scramble near the Guy's line from an Aberavon kick through, Prosser, the home captain, managed to gather the ball despite the preponderance of defenders and was over some three yards from the left flag. Stevens made an excellent conversion from none too easy an angle, to put the home team five points ahead.

After their initial period of difficulty in settling down, Guy's answered the Welsh tactics with the cautious play it deserved and for the remainder of the half more than held their own in initiating several attacks which fully tested the home defence. Nicholas, with a steady and intelligent service combined well with Hackett while Lindsey and Smith showed a degree of thrust and determination, in starting movements, which has been missing in the centre line for some time. Confidence in their ability, and necessity, to cross the line after getting within easy striking distance was still lacking however, and lost the hospital more than one chance to equalize. The forwards who were following up

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well, were not immune from this strange malady which seems to be responsible, to a large extent, for the stinted scoring in some matches. Aberavon were never unduly unnerved by pressure on their defence, being quickly able to counter attack. Credit for this success was largely due to fly half Ashton, who, aided by a good service from O'Connor, made rapid and determined thrusts, and in combination with his speedy wingers—intermittently harassed the Guy's defence. Even so, thrilling attempts by both Aberavon and Guy's—now playing a more open game—produced no further score in the first half.

The evenness of play was evident in the early part of the second half too but the "Wizards" as they are popularly known, were to score in the twentieth minute when a miskick by Duff, otherwise prominent with a sound defence throughout the game, was gathered by winger Collins who kicked ahead and outpaced Leyshon to touch down the loose ball near the posts for a converted try. The hospital were still prepared to attack, however, and within minutes a set scrum on the home team's line resulted in a very close attempt at a pushover try, which was disallowed. With the Aberavon forwards now dominating in the line-outs, however, and Patterson handicapped in the tight by an injury near the eye, opportunities were fewer and further between. The home side with a comforting lead could afford to take chances, which for the most part were thwarted by an efficient hospital defence. In the 25th minute, Perry scored directly from a line-out inside the Guy's 25, and three minutes from no-side, Griffiths made a break, and an opening for Ashton who sprinted for the line, to be tackled as he touched down. A try was awarded, much to the surprise of touch-judge and sympathetic spectators, which although unconverted made even more certain the home win.

Team : J. K. Duff; J. Leyshon, R. J. O. Smith, M. Lindsey, C. E. Evans; G. W. Hackett, J. D. R. Nicholas; J. S. Van den Berg, W. M. Patterson, D. J. Richards, P. Harris, B. Blackwell, M. A. H. Russell, S. A. R. Cooke, A. P. Buirski (Capt.).

GUY'S HOSPITAL, A.F.C.

1st Round of University of London Cup

Birkbeck College v. Guy's

At Birkbeck. 23rd November, 1957.
Result—Won 3-2

This was a disappointing and dull game despite the fact that Guy's won. The football reached only a mediocre standard, and it was obvious that the team were suffering after-effects from the hard game against Bart's on the previous Wednesday. Guy's scored first through Zadeh, who gave the goalkeeper no chance with a low shot into the corner of the net. From this point on, there followed a series of missed opportunities by the Guy's forwards and much mis-kicking by the Guy's defence, which eventually led to an equalising goal by Birkbeck.

Williams, the Guy's left-half, was injured midway through the first half, and spent the rest of the game as a passenger on the left wing, Zadeh taking over at left-half.

The score remained at 1-1 until full-time, and there was little to commend the football of either side. So it came about that extra time had to be played.

Birkbeck scored in the first-half of extra time, and this had a stimulating effect on the Guy's team, who at last began to show signs of wanting to win this match. Even so, it was not until the second half of extra time that Maggs equalled the scores, almost walking the ball into the net. Heath scored the winning goal in the closing minutes and thus Guy's passed on to the second round.

Team : Rowland; Missen, Smith, D.; Smith, B., Sutton, Williams; Rayner, Landers, Maggs, Heath, Zadeh.

2nd Round of Inter-Hospitals Cup

Guy's v. St. Bartholomew's

At Chislehurst. 20th November, 1957

Result—Win 4-3

What a pity it was that so few people witnessed this very exciting game down at Chislehurst. A few staunch supporters enjoyed a feast of good football in which Guy's fought back from 3-1 down to win by 4 goals to 3.

Right from the start Guy's pressed hard and went very close to scoring on several occasions. The defence was solid but the forwards, though combining well, did not produce the goals expected. In fact, the only goal in the first half came from a free-kick by Maggs, who put a hard shot into the corner of the net from outside the area.

So Guy's were only one up at half-time, due to many missed chances by the forwards. Within 10 minutes of the re-start, Bart's scored 3 goals. The first came from a penalty, but the others were well-taken goals, snapped up by the Bart's forwards as the Guy's defence panicked. For a short period after this, Bart's were on top, but gradually the Guy's defence settled down again, and were rewarded by a second goal from Landers, after some quick interpassing between the forwards. Guy's immediately flung everything into attack, urged on by the cheers and shouts of the supporters. Maggs evened the scores with a well-taken goal, and shortly after this, Heath broke away to score the winning goal.

So ended a most enjoyable and exciting match, with Guy's passing on to the semi-finals which are to be played next January.

Team : Rowland; Missen, Smith, D.; Smith, B., Sutton, Williams; Rayner, Landers, Maggs, Heath, Zadeh.

ROWING

Guy's retained the Junior Eights Cup at the United Hospitals Rowing Club Regatta, held at Putney, on Wednesday, 27th November.

In the first heat, rowed over the 1⅛ miles from the University Boat Race stone to the Crab Tree Hotel, Guy's had the centre station, Westminster the Middlesex station, and St. Thomas's the Surrey station. All three crews went off to good starts and were fairly well together past the boat houses. At Beverley Brook Guy's were a canvas up on St. Thomas's and ½ a length on Westminster. St. Thomas's fought hard to the half mile but faded away having been unable to make any impression on Guy's. Westminster came up a little and the crews were almost alongside for the last half of the course, but Guy's held off their challenge to win by a canvas.

In the final Guy's, again in the centre, went off to a very fine and almost decisive start, rating rating 24-26 in the first minute. At the Brook Guy's were a length up on St. Bartholomew's, on the Middlesex station, and 1½ lengths on the London, on the Surrey station. From there to the finish Guy's rowed with great cohesion, rating about 22, to win by 5 lengths. In both races Guy's were well together and deserved to win the trophy for the second year in succession.

In the Senior Fours event, Guy's entered a crew from last year's Junior VIII. The first heat was rowed from the mill-pot to the University Boat Race stone on the ebb-tide. Guy's had the Surrey station with London in the centre and St. Bartholomew's on the Middlesex station. The boats went off to reasonable starts, Bart's going up ½ length on Guy's and Guy's ½ length on the London. Bart's drew ahead leaving

Guy's and London to a tremendous struggle to the finish; Guy's leading to the last 100 yards when London came up to lead them by 3 feet. Bart's won by 1½ lengths to be beaten by St. Mary's in the final.

The course for the Rugger fours was from the University Boat Race stone to the blank buoy at Beverly Brook—about 400 yards, Guy's on the centre station, were soon led by the London by a canvas. St. Mary's dropped well back. Guy's and London closed repeatedly before the finish, but Guy's were held off for the London to win by ½ length. London eventually won the event.

CREWS

Junior Eight : Bow, W. Long, 2 P. Dobson, 3 G. Read-Ward, 4 J. White, 5 W. Heald, 6 F. Schweitzer, 7 R. Andrews, Stroke, J. Axton. Cox, M. Tanlow.

Senior Four : Bow and Steers, J. D. Pullan, 2 T. H. Redpath, 3 R. H. S. Mindham, Stroke, M. S. Parrish.

Rugger Four : Bow, H. Clink, 2 H. R. Rippon, 3 C. B. Jones, Stroke H. D. W. Plowright, Cox, R. H. S. Mindham.

CROSS-COUNTRY CLUB

Saturday, 23rd November, at Mitcham

A depleted and injured Guy's team ran in the inter-University cross-country race, organised by University College, London, over 6½ miles. Cambridge University 3rd team, Birmingham University, Queen Mary College, King's College and University College showed us many muddy pairs of heels in this fast and (for us) long race over flat, rough-country. We were all slow off the start, Huddy (injured ankle), Phipps (injured hip), Willé (bad chest), Rickett (deliberately slow at the start), finding themselves at 20th or worse at the mile. This is the critical stage where pace and position settle down and are little altered except by fanatical bursts right at the end. Rickett moved up from half-way to lead the Guy's runners over most of the second half of the course, and must have considerably exhausted himself by continual verbal encouragement to the rest of the team. Kevin Gilligan—the international—running for University College, led the field home, Guy's finding themselves in more or less the same positions as at the mile. The race was won by Cambridge, with Birmingham second and Queen Mary College third. Guy's were "off the map," but all finished. The valuable experience of running over an extended distance against strong opposition however, made the venture well worth while.

R. Huddy 20, J. Rickett 21, M. Ford 25, P. Phipps 33, A. Davis 39, J. Mitchell 44, R. Willé 58, J. Meyer 59.

THE HOCKEY CLUB

The Hockey team so far this season has won three, lost four and drawn one game. A firm start was made when the team played well against South Saxons, but for the next few matches the 'flu epidemic greatly weakened all three teams. The 1st XI, lost heavily against Kingston Grammar School and Gravesend but beat Cliftonville and National Provincial Bank. The team has been strengthened by the return of M. Tuddenham and M. Morgan to the side: two freshmen have also come into the side, J. Sedgewick from Dean Close playing at centre half and R. Lallemand, an experienced player from Cambridge, who is proving a very useful member to the side at left half. The forward line, although trying hard, appear to lack the final punch to get the ball into the back of the net. The centre forward, M. Blake, has been asked to play for Hertfordshire. The defence was very uncertain in its play earlier in the season but is now much stronger due to better positional play. The lack of all the players to play together as a side has greatly hindered the development of a stronger team.

The 2nd XI, under N. Russell, have won most of their matches, much credit being due to a strong half line.

They easily beat St. Bartholomew's in the Junior Cup Match by five goals to nil. This now puts them in the semi-final.

The 3rd XI, led by A. Hopkins had a very convincing win against National Provincial Bank by seven goals to one.

The Senior Cup 1st Round was played against St. George's, Guy's winning by seven goals to one. In the first half St. George's started well and somewhat disrupted the Guy's side. In the first few minutes a penalty bully was awarded against Guy's but St. George's failed to take advantage. By half-time the score was two nil to Guy's although the lead could have gone to either side. J. A. Dyde has come into the side at centre half and during the game scored two good goals from short corners. In the second half of the game Guy's defence quickly took command of the game with some good play from M. Tuddenham and R. Lallemand. The forwards took advantages of their passes and scored five more goals. One very fierce shot from M. Morgan punched a hole in the goal netting. M. Steyn and M. Blake moved the ball well in the centre of the field and A. McKenzie and D. Bevan-Thomas were both poorly marked and took advantage of this to have many good runs down the wings.

Team : B. West; D. Wright (Captain), M. Tuddenham; M. Woodman, J. Dyde, R. Lallemand; A. McKenzie, M. Morgan, M. Steyn, M. Blake, D. Bevan-Thomas.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in the Casualty Department** with attendance on 6 sessions per week, to commence duties on the 1st April, 1958.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **31st December, 1957.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of **Senior House Officer** for six months commencing on 1st February, 1958. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made within one week of the appearance of this advertisement to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

HOUSE APPOINTMENTS

1ST DECEMBER, 1957

Assistant House Surgeons

To:

Mr. Blackburn — Mr. H. M. Tuddenham
3 *months*

Mr. Lawrie — Mr. M. A. H. Russell
Mr. Glover — Mr. A. Bowyer
Mr. Brain — Mr. N. A. Harker

Appointed for 6 *months the first* 3 *as A.H.S.*

Assistant House Physicians

To:

Dr. Douthwaite and Dr. Hardwick } Mr. M. N. Morgan
3 *months*

Dr. Boland, Dr. Baker and Dr. Houston } Mr. S. J. Lam

Dr. Hampson and Dr. Kauntze } Mr. F. B. Coleman

Dr. Mann, Dr. MacLean and Dr. Bishop } Mr. R. R. Cox

Appointed for 6 *months the first* 3 *as A.H.P.*

Out-Patient Officers

Mr. S. A. R. Cooke
Mr. T. R. Cullinan
Miss K. E. Cuthbert
Mr. P. S. Firth
Mr. J. A. P. Trafford

House Surgeons

To:

Mr. Massie — Mr. I. McColl
3 *months*

Mr. Eckhoff — Mr. I. D. Simpson
6 *months*

Mr. Atkins — Mr. B. R. P. Murray
3 *months*

Mr. Wass — Mr. R. G. G. Gain
6 *months*

House Physicians

To:

Dr. Douthwaite and Dr. Hardwick } Mr. P. B. Whatmore

Dr. Boland, Dr. Baker and Dr. Houston } Mr. D. R. Laney
3 *months*

Dr. Hampson and Dr. Kauntze } Mr. K. B. Tyrer

Dr. Mann, Dr. MacLean and Dr. Bishop } Mr. R. D. Smith
6 *months*

Resident Obstetricians

1. 7.57—31.12.57 — Mr. G. M. Morris
1. 9.57—28. 2.58 — Mr. P. G. Benson
1.11.57—30. 4.58 — Mr. F. Mansfield
1. 1.58—30. 6.58 — Mr. R. W. Edmonds

House Surgeons in the Orthopaedic Departments of Guy's Hospital and New Cross Hospital

Mr. R. E. Owen — Mr. W. Whitrow
6 *months*

Throat and Ear and Ophthalmic House Surgeon

Mr. B. L. Copley

3 *months at Guy's Hospital followed by* 3 *months at New Cross Hospital* (*E.N.T. duties only*)

Mr. M. H. De Groot

3 *months at New Cross Hospital*

Dermatological House Physician

Mr. W. A. Matheson 25.7.57—24.1.58
Mr. D. A. Wheelwright
6 *months from* 25.1.58

Genito-Urinary House Surgeon

Mr. M. C. Shannon 6 *months*

Neurological House Physician

Mr. D. A. Lillicrap 3 *months*

House Surgeon to the Thoracic Unit

Mr. R. D. C. Southcott 6 *months*

Children's House Physicians

Mr. F. P. Greenwell 3 *months*

Mr. D. S. Robertson 6 *months*

Children's House Surgeon at the Evelina Hospital

Mr. P. C. C. Pitt 6 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists

Mr. I. McD. Jessiman 3 *months*

Mr. D. G. Yetman 6 *months*

House Physicians in the York Clinic

Mr. J. H. Clark (S.H.O.) 6 *months*
Mr. J. R. T. Finlayson (S.H.O.) ending 31.3.58

Resident Anaesthetists

1.8.57—28.2.58 — Mr. S. S. Barker (S.H.O.)
1.8.57—28.2.58 — Mr. D. Saltoun
1.9.57—31.5.58 — Mr. E. Phillips
1.9.57—28.2.58 — Mr. J. M. Clark (S.H.O. New Cross)

R.M.Os. in Nuffield House

1. 7.57—31.12.57 — Mr. P. A. French
19.11.57—18. 5.58 — Mr. B. H. B. Robinson
1. 1.58—30. 6.58 — Mr. P. H. W. Sheard

NEW CROSS HOSPITAL

House Surgeons

Miss R. M. Harrison-Bloom 3 *months*
Mr. J. P. Lissenden 6 *months*

House Physician

Mr. T. M. Bull 6 *months*

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House Surgeon

Mr. J. G. Miller

Orthopaedic and E.N.T. House Surgeon

Mr. D. J. Wood

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House Surgeons

Miss P. O. Lane

Mr. A. J. Armour

Orthopaedic House Surgeon

Mr. J. I. Millar

ST. OLAVE'S HOSPITAL

House Surgeons

Mr. R. P. Snaith

Mr. W. J. W. Siddall

SEAMEN'S HOSPITAL

House Physician

Mr. N. Lis

LEWISHAM HOSPITAL

House Surgeon

Mr. E. Stockdale

ST. JOHN'S HOSPITAL, LEWISHAM

Casualty Officer

Mr. P. M. E. Drury

GUY'S HOSPITAL

The following appointments of **Assistant Dental House Surgeons** have been made by the House Committee, for the period 1st January to 31st March, 1958.

General Duties : Mr. C. H. Wege, Mr. J. C. Askew, Mr. M. S. Parrish, Mr. A. W. Harris.

Children's Department : Mr. G. S. Crimp.

Preventive Dentistry Dept. : Miss W. J. Bray.

PASS LIST

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
November, 1957

Pathology and Bacteriology, Social and Preventive Medicine and Forensic Medicine

S. A. Vanar

Medicine

J. F. R. Adams
R. H. Mackeith
J. G. Wright

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.
Final Examination
October, 1957

Part I—*Surgery*

P. Banks
J. C. Bradley
A. J. Chapman
I. G. Creed
G. S. Crimp
R. J. Cutler
Marina J. Drage
Madeleine V. Fairchild
Irena K. Friedman
E. D. Fulstow
Jean R. Gibson
G. W. Hackett
S. I. Humphreys
Marcella L. Kodicek
E. J. L. Lefèvre
A. H. Lewis
G. J. Longson
S. J. Lubbock
J. M. McCormack
S. C. Meakin
P. Narain
R. Naylor
T. K. Oh
D. M. Orlans
R. E. Potts
T. H. Redpath
G. L. E. Savy
D. C. Sellman
J. M. Snook
I. A. Stuart
J. S. Van den Berg
S. J. Whitten
C. G. M. Williams
T. G. B. Wilson
R. M. Wynne-Griffith

Part II—*Dental Surgery*

J. C. Askew
Helen A. Akiwumi
S. X. E. Bengo
M. L. Brenchley
B. Clark
B. S. Cuper
W. A. Dearlove
J. M. Denney
D. J. Endacott
G. H. Forman
D. J. Gallivan
L. V. Howard
B. H. Irish
Tatyana Katisevs
L. D. Kay
H. K. Kemp
P. A. S. Lavelle
H. J. Leake
A. F. Lutter
C. L. Macpherson
C. Maggs
I. Maselle
R. T. Mills
B. J. Moore
K. F. Moos
P. M. O'Driscoll
H. C. Pritchard
M. J. Scott
E. E. Silcock
P. J. Stubblefield
M. J. Sutton
J. G. M. Turle
R. A. R. Wallace
M. A. Young

NURSING NEWS

Entered :
S/N Quick to *Nuffield B.*
S/N A. Fisher to *Victoria and Nurses Home.*
S/N P. Groves to *Caleb Theatre.*
S/N J. Hills to *Dental Opts.*
S/N E. Whitmore to *Evelina. p.t. O.P Dept. and Casualty.*

Left :
Sister J. Webster.
S/N Benson.

Final State Examination October, 1957

The following Nurses have passed the Examination:—

Banks, B. M.
Barnby, D. M.
Bedford, I. M.
Bishop, A. M.
Bradby, M. B.
Brooks, M.
Brument, A. I.
Bullwinkle, M. F.
Cannon, P. M.
Cantrell, M. J.
Chalmers, M. C.
Clarkson, E. M.
Clemmey, J. L.
Corstorphine, M.
Ellis, B. G.
Eveling, U. I.
Fewster, M.
Fielding, M. D.
Finlay, M. E.
Fisher, C. M.
Fryer, P. E.
Gay, G. M.
Gillard, K. P.
George, M. E.
Goodwin, B.
Gosby, E.
Hayward, F. L.
Hedigar, M. E.
Hindley, J. E.
Holmes, E. A.
Hornby, L. P.
Housden, G. M.
Howes, N. P.
Humphreys, D.
Hunter, G. E.
Hyde, F. M.
Jelly, E. O.
Jones, I. J.
Jones, J. E.
Jones, R. M.
Kitching, J. M. (née Ward)
Learnmonth, J. M. (née Woolnough)
Lewis, P. A.
Loach, E. A.
Mace, S. A.
Moody, A.
Owen, J. V.
Payne, A. M.
Penrice, M. G.
Phillips, A. M.
Pitt, B. W.
Potter, J. M.
Priestley, S.
Pryce, D. J.
Quilley, M. E.
Rea, L. V.
Robinson, G. M.
Ross, H. S.
Selwood, E. M.
Smith, J. L.
Stuart, J. R.
Tancred, A.
Taylor, A. C.
Taylor, S. E.
Thompstone, J. M.
Tomlinson, G. M.
Trimmer, R. W.
Walshe, M.
Wardrop, P. A.
Webster, B. L.
Wilkinson, M. A.
Wood, M.
Worlledge, A. M.

Preliminary State Examination October, 1957

The following Nurses have passed the Examination:—

Airey, M. E.
Alford, C.
Ballamy, M. J.
Barber, R.
Black, D. C.
Blyth, W. R.
Brooks, K. M.
Buckingham, S. M.
Buckland, V. A.
Campbell, P. M.
Canfield, M. L.
Carter, J. R.
Coles, D. E.
Conway, J. M.
Cooper, M. L.
Dams, D. M.
Davies, B. J.
Duckett, M.
Dungay, J.
Edwards, J. M.
Esau, M. A.
Farrington, D.
Gooch, J. K.
Gooch, M.
Goodliffe, D.
Grant, A. W.
Hall, R. C.
Halliday, H. E.
Hanlon, M. E.
Harloe, H. M.
Hodgkinson, M. J.
Hurn, A. G.
Jackson, A. M.
Kendall, P. D.
Kenny, P. H.
Lawrie, J. F.
Levine, S.
Lewis, A. E.
Littlebury, A.
MacDonald, S. M.
Marrat, N. R.
Matthews, W.
McClymont, A.
Mellis, N. K.
Mitchell, G. M.
Mount, P. M.
Nayrac, F. C.
Oates, D. M.
Pitt, J. E.
Potts, D. M.
Purdon, P. F.
St. John, J. E.
Sampson, S.
Sceeny, M. P.
Simpson, J. M.
Sinclair, M. R.
Slight, J. M.
Sparkes, D. A.
Standley, M. C.
Stratford, J. M.
Thomas, T. E.
Thomson, G. M.
Tyack, B.
Ward, J. V.
Watson, J.
Webster, M. Y.
West, S. A.
White, M.
Wilson, T. P.
Wood, D. A.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 3s. 6d., 3 lines 7s. 6d. Box Numbers 6d. extra.

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PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Allanby, K. D. and Trounce, J. R. Excretion of Mecamylamine after Intravenous and Oral Administration. *Brit. med. J.*, 1957, ii, 1219.

Baxter, E. W. Lamprey Distribution in Streams and Rivers. *Nature*, 1957, **180**, 1145.

Burn, J. H. and another. Reserpine and Noradrenaline in Artery Walls. *Lancet*, 1957, *ii*, 1097.

Forman, L. Mycosis Fungoides Treated with Prednisone. *Proc. R. Soc. med.*, 1957, **50**, 936.

Fourman, P. and others. Polyuria in Hyperparathyroidism. *Quart. J. med.*, 1957, **26**, 423.

French, J. M. and another. Diabetic Diarrhœa. *Quart. J. med.*, 1957, **26**, 467.

French, J. M., Hawkins, C. F. and another. The Effect of a Wheat-gluten-free Diet in Adult Idiopathic Steatorrhœa. *Quart. J. med.*, 1957, **26**, 481.

McKeown, Thomas and others. Coronary-Artery Disease Influences affecting its Incidence in Males in the Seventh Decade. *Lancet*, 1957, ii, 1074.

Masters, P. L. and others. Acute Lower Respiratory Infections in Childhood. *Lancet*, 1957, ii, 1077.

Ogilvie, Sir Heneage. The Surgery of Gallstones. *Ann. R. Coll. Surg. Engl.*, 1957, **21**, 319.

Pegum, J. S. Poikiloderma (Jacobi-Lane). *Proc. R. Soc. med.*, 1957, **50** 935.

Salmon, L. F. W. Chondroma of the Arytenoid. *J. Laryng.*, 1957, **71** 766.

Trounce, J. R., Deuchar, D. C., Kauntze, R. and Thomas, G. A. Studies in Achalasia of the Cardia. *Quart. J. Med.*, 1957, **26**, 433.

Wright, E. A. Discussion on Sea Snake Venom (Enhydrina Schistosa). *Trans. R. Soc. trop. med. Hyg.*, 1956, **50**, 539.

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Wright, E. A. and another. The Influence of Oxygen on the Radiosensitivity of Mammalian Tissues. *Acta. Radiol.*, 1957, **48**, 26.

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BIRTHS

BURROWS.—On 16th November, 1957, to June (née Eves, S.R.N.), wife of Brian Burrows of Rookery Farm, Coundon, Coventry, a son (Stephen Anthony).

HOPE.—On 8th November, 1957, to Mary Graham (née Zeppenfeld), wife of H. D. Astley Hope, M.B., B.S., B.D.S., a daughter (*Carol*).

PALMER.—On 24th November, 1957, at Cuckfield Hospital to Dorothy (née Hunt, S.R.N.), wife of Jack Palmer, M.B., D.R.C.O.G., a daughter (Penelope Flora), a sister for (Jonathan).

PARKES.—On 26th November, 1957, at Cuckfield Hospital, Sussex, to Helen (née Longley, S.R.N.), wife of Raymond Parkes, M.B., B.S., a son (Rupert), a brother for Melanie.

SAVILLE.—On 20th November, 1957, to Josephine (née Whittaker), wife of Peter J. Saville, L.D.S.R.C.S., a son (Paul Dominic), a brother for Jane and John Peter.

SMITH.—On 20th November, 1957, at 18, Beattys Road, Pukekohe, New Zealand, to Eileen (née Williams, S.R.N.), wife of William Smith, M.B., Ch.B., D.C.H., twin daughters, Catherine Ann and Joanna Mary.

VALE.—On 24th November, 1957, at Queen Charlotte's Hospital, to Joyce and Raymond Vale, a son (Simon).

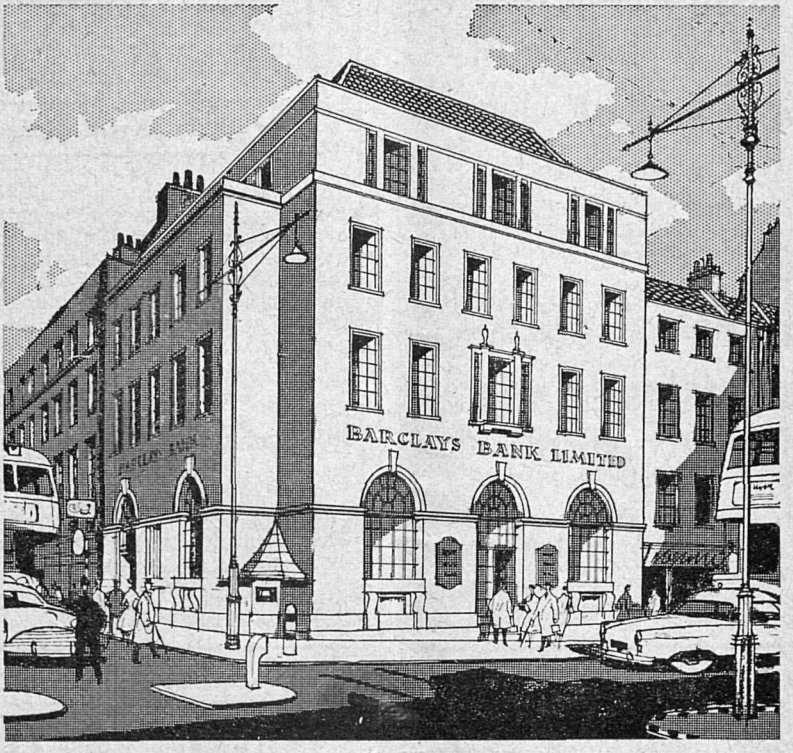
MARRIAGE

WATERS—TICKLE.—On 26th October, 1957, at Ifield Parish Church, Nr. Gravesend, Kent, Flying Officer Michael J. R. Waters to Ann Newton Tickle, S.R.N.

DEATH

RYFFEL.—On 29th November, 1957, John Henry Ryffel, Cons. Clin. Chemist, Emeritus, of Ashcroft Cottage, Chipstead, Surrey.

EDS. { P.M.E.D. J.A.W.



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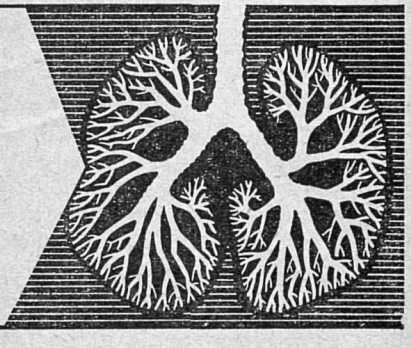

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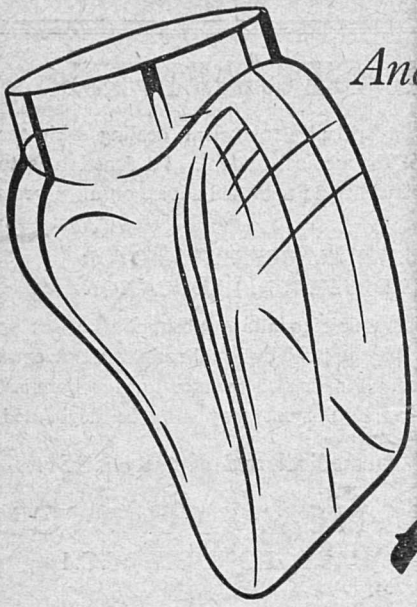

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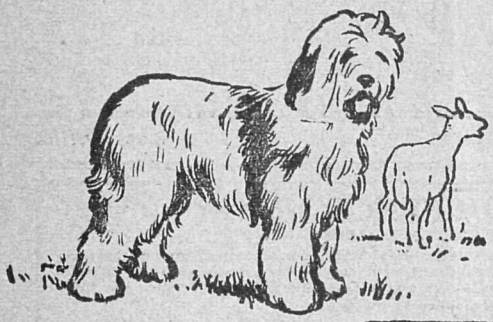

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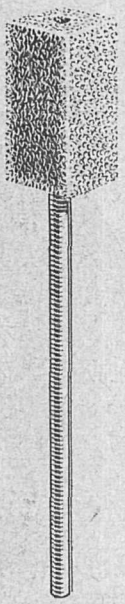

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GUY'S HOSPITAL GAZETTE

21st December 1957

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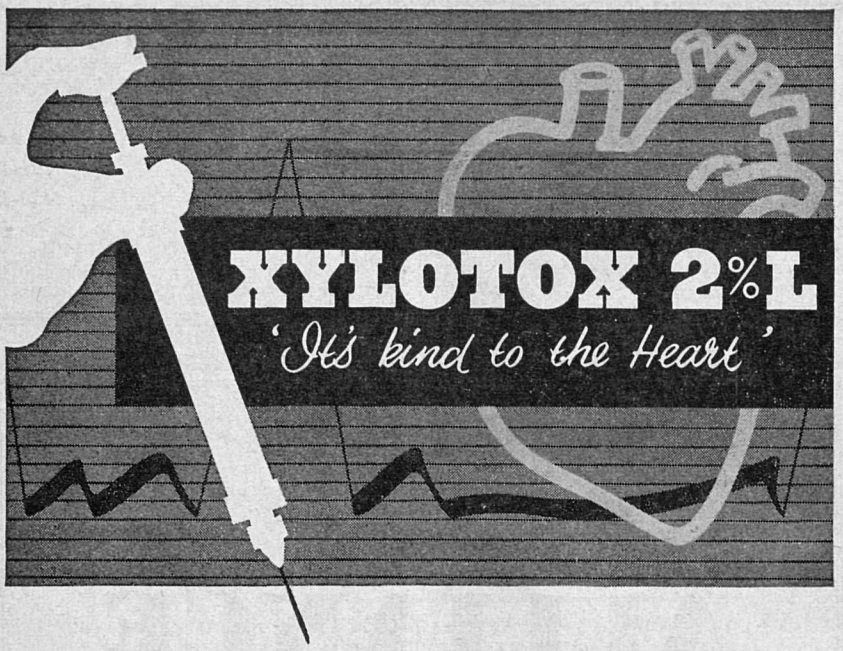

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REFERENCES

1. Holtz et al., Klin. Wochschr. 1951, *29*, 393.
2. Epstein et al., J. Dental Research 1951, *30*, 870.
3. U.S. Von Euler, "Noradrenaline", Springfield, U.S.A. 1956.

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PUBLISHED FORTNIGHTLY

Vol. LXXI No. 1811 21*st December* 1957 *One Shilling*

PASSIM

SOUTHWARK has never been noted for spontaneous gaiety. It tends, rather, to be a little sombre. Its attractions lie in a well-advertised history but these are liable to be of no more than passing interest to the student hurrying home in the cold and damp of a December evening. It is always with a special joy that Christmas comes to Southwark for it is part of its special magic that its message and wonder are not dismayed by the smoke and dirt of our city; nothing we have yet produced can deter Christmas. It is not altogether surprising when we find a note of unresponsible levity creeping in around us; the frivolity, before confined to the outer perimeter of the chief's ward round, percolates through the various strata of knowledge even to the font itself; there is laughter in the Out-Patients hall. Bacteriologists in adequate tweed overcoats creeping home with guilty coloured parcels; eminent physicians breathless from blowing balloons; famous surgeons in funny paper hats; nurses, students and patients all intent on belying the scrooge-like buildings surrounding us. Those who have never quite lost their grip on childhood make it stronger at this time and those who one thought were frighteningly grown-up show an amazing vein of childishness. Rich men and poor, young and old, servile and proud came to the first Christmas; ambassadors for all time. A child's day for children of all ages.

Our achievements over the last year are nothing much to be proud of; there is no reason at all why we should remember them at Christmas. The same endless story of misunderstanding; of right things done for wrong motives and of wrongs perpetrated in the name of right, these have no place at this time; they are tales too old and too tired to consider now. This season of all belongs to the present; it will be enjoyed because it is ours. We wish you a very merry Christmas and a happy New Year.

A memorial service for the late Dr. J. H. Ryffel was held in Guy's Hospital Chapel on Monday, 9th December, 1957.

A Polish emigré lately applying for a job in the Hospital chanced to sit for a moment in Front Surgery while the rain abated enough to allow him to continue home. A nurse, with a very laudable sense of duty, presented him with a large white card and, with the aid of his passport, filled in his name and address. When it came to the nature of his complaint the bemused man, with hardly a word of English, thought it his duty to supply something and pointed to a

minute scratch on his thumb. "Lacerated thumb" was written down and the great wheels turned. When at last the O.P.O. saw him the poor man was pleading to go since by now the rain had ceased ; the scratch on his thumb had never given him a moment's worry.

At Thames Ditton last Saturday, one of the Guy's XV to play Old Cranleighans failed to appear at the appointed hour, and the spectators were canvassed to find a replacement. To everyone's delight, Mr. T. L. T. Lewis gallantly stepped into the breach—surely one of the few consultants to play for a hospital side in recent years ? We believe that Mr. Lewis demonstrated several classical manoeuvres, tied up his opponents' line in knots and, to labour the metaphor, finished with a scissors movement !

It is the witching hour. Grey clouds scud over Hunt's House, beneath a waning moon. The night nurses huddle over coffee as Report is given. A distant owl hoots (or is it a milk train ?). But—what is this ? A silent army, plimsoll-clad, swarms into the wards, in single-minded search for food. The Guy's postmen are on the march ! We accosted a sinister figure in grey and asked him what went on at London Bridge Station ; the reply was "We just load the odd train." Impressed by this casual reference to the shifting of several tons of mail, we left it at that.

NOTICES

GUY'S HOSPITAL CHAPEL

CHRISTMAS ARRANGEMENTS

Friday, 20th December.

6.30 p.m. onwards CAROLS sung in the Wards by Southwark Cathedral choir.

Christmas Eve.

11.30 p.m. Carols and Midnight Eucharist.

Christmas Day.

7.0 a.m. Holy Communion.
8.20 a.m. Holy Communion.
10.30 a.m. Morning Service and Address.

* * * * *

The Annual Festival of the Nine Lessons was held in the Chapel on Thursday, 19th December.

* * * * *

On Sunday, 29th December, the Guy's Choir are singing at 6.30 p.m. in Southwark Cathedral.

CHRISTMAS SHOW, 1957

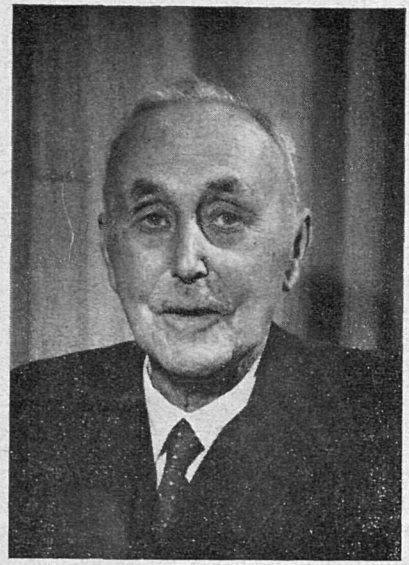
The Christmas Show will take place in Out-Patients Hall, on Christmas Day and on Boxing Day, at 5 p.m.

GUY'S DIARY

DECEMBER			Exhibition. Department of Surgery. *Obstructive Jaundice.*
31st	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture. *Demonstration of Plasma and Blood Volume Estimations by Radio-Isotopes.*
JANUARY, 1958			Exhibition. Department of Surgery. *Famous Names in Surgery.*
4th	S		Rugby 1st XV v. Richmond (H.O.P.).
6th	M	12.00	Dr. Marshall L. Snyder (Dental School, University of Oregon). Dental Clinical Lecture. *Laboratory Tests for the Estimation of Caries Activity.*
8th	W	4.45	Science Club. Dr. J. D. Williams. *Renal Biopsy.*

OBITUARY

J. H. RYFFEL, M.A., B.Ch.(Cantab.), B.Sc.(Lond.), F.R.I.C.



AN exceptionally wide circle of Guy's friends will learn with profound regret of the death on 29th November, 1957, after a short illness in Nuffield House, of Dr. J. H. Ryffel. The length and quality of his services to our hospital and medical school were quite remarkable. Beginning as long ago as 1901 they continued in an advisory capacity beyond his official retirement in 1947, and right up to the time of his illness he was often seen about the new Department of Clinical Pathology.

Ryffel came to Guy's from Peterhouse, Cambridge, on the introduction of Gowland Hopkins. He was appointed Demonstrator of Chemistry and Toxicology and a member of Wade's staff in the Department of Chemistry. Although at first covering mainly the forensic aspects of his subject, he soon developed an increasing interest in the application of chemistry to clinical work and became a frequent visitor to the wards. Contacts then made induced him to use, over the next four years, every spare moment to study medicine and to further his qualification he migrated in 1907, on Pembrey's advice, to the Physiological Department. There he found himself working alongside Laidlaw, Kennaway and Poulton. Within a year he successfully qualified B.Ch. and for some time took an active part in teaching applied clinical chemistry to those shortly to enter the

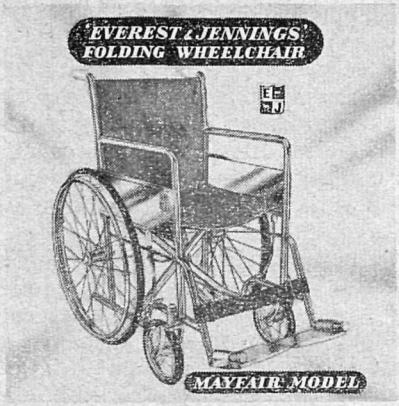
wards, a phase well remembered by the Guy's men who completed their training about the time of the first world war. Apart from teaching, he completed much observational work of his own and at one period joined Barcroft's well-known Monte Rosa expedition for the study of mountain sickness. Returning from this in 1912 he appeared again at Guy's just about the time when Boycott left, thus vacating the old Gordon laboratory. This brought Ryffel his chance of a full staff appointment and he became Chemical Pathologist to the hospital with use of the laboratory, his title being changed a little later to Clinical Chemist and Gordon Lecturer.

It is interesting to note that also in 1912 Nicholson became Morbid Histologist and Hæmatologist, and that Eyre, as Bacteriologist, had a little earlier completed his then ultra-modern department. Thus Ryffel with his biochemical outlook came to complete a triumvirate, each with his separate laboratory, upon whose initial conception of efficient organization of clinical laboratory work the present Department of Clinical Pathology is based.

This sketch of the growth of his clinical work omits, however, mention of Ryffel's coincident forensic activities. After a few years of demonstrating he was appointed, jointly with Herbert French, to a lectureship in Forensic Medicine and, when French resigned, carried on alone until Keith Simpson joined him as assistant lecturer. Somewhat earlier, Roche Lynch and Ryffel had been respectively appointed Senior and Junior Analysts to the Home Office, and he thus became almost as well known in the Law Courts and by the coroners as he was at Guy's. His close personal association with Spilsbury seemed always particularly pleasing to him and one is glad to recall that right up to the present year he remained in close touch with such work by means of a small laboratory allotted to him by the Hospital Governors.

But to return to 1912 when he was first appointed to Guy's Staff, those who were clinicals, house officers and seniors at that time and in the years immediately following will always gratefully remember Ryffel for all the personal help he gave them and the readiness with which he put every resource of his laboratory at their disposal. Such willing service continued through the war period when practically all his staff having joined the forces, Ryffel was almost alone. Nevertheless he found time for considerable activity and leadership in the Guy's O.T.C., and one of the fortunate results of his presence was having someone on hand ready at once to try out the laboratory side of new ideas arising under service conditions. For example, he became interested in the early ideas of using citrated blood for transfusion, and surprising though it may sound today, Ryffel was the first to give citrated blood in Guy's. Though a little startling in appearance, his apparatus worked perfectly and due to him the citrate method was introduced to Guy's exceptionally early.

This aptitude for sympathizing with new ideas was characteristic of Ryffel and although, once the possibilities were established, he, with so many other duties on his hands, had usually to delegate their development, anything with the remotest biochemical connection immediately attracted him. Even such diverse fields as the Basal Metabolism Clinic and the Electrocardiographic Department bear his initial imprint. Some of Keith Simpson's outstanding earlier forensic



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work was carried out in the adapted balance room of Ryffel's laboratory.

And so between the wars he, besides handling more than 10,000 routine examinations annually, had become what one might describe as one of Guy's great co-operators and when, in 1937, it was decided to build the present large block of laboratories behind the Medical School, Ryffel worked with great enthusiasm on the design of those areas to be devoted to his subjects and those now in charge owe him some possibly unsuspected debts of gratitude.

The 1939 evacuation of Guy's never being nearly as complete as at first expected, the volume of routine laboratory work required fell surprisingly little and Ryffel who took his full share of emergency duties, again almost without assistants, had, in spite of his years, no respite. The situation being what it was, he remained at Guy's somewhat beyond the normal retiring age and those who worked with him at that time know how remarkably well he pulled his weight.

Finally in 1947 he retired at the age of 70, but the Common Room continued quite frequently to see him at lunch time, for he continued his forensic work in the neighbouring laboratories. His long memory and keen sense of humour will be greatly missed. A little later an unfortunate fall resulted in a fractured femur but the pinning was successful and, though somewhat lame, he returned to his work and thus Guy's enjoyed his presence for a few years more.

Rather surprisingly Ryffel never attempted any of the higher medical qualifications although he would probably have easily achieved them. He obtained an honours B.Sc.(Lond.), and the F.R.I.C. and was, in the earlier part of his career (1911) a University Reader in Forensic Medicine.

In 1929 he married Miss Ann Vaughan Parry who survives him. Many will remember their charming house at Chipstead, Surrey, where they gave so many enjoyable tennis parties and, Mrs. Ryffel having great organising skill, their tennis tournaments at H.O.P. became famous.

F.A.K.

Eighty Years Ago

From Guy's Hospital Gazette, December, 1877.

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Of those playing the hostages, three were very good indeed. These were Emeric Vadasz as Luhan the woodcarver, a solid and sensible craftsman with a healthy mistrust of crazy idealists; George Ebrahimzadeh as the dandified merchant, confronted for the very first time with a door that money could not open; and Richard Lewin, the Assistant Producer, as Salcedo the Spanish actor. Vadasz, we know, has been a R.A.D.A. student; but when one considers that he has had a bare year in which to settle in a new country and to learn a totally new language, his performance must be judged more—and not less—remarkable. Elizabeth Foelmer, without previous acting experience, played admirably the humble mother with thoughts only for her children, and no wish to comprehend aught else. As Ricardo, one of the young hostages, James Carmichael was competent and convincing. Tom Davidson and John Day played well as Zavala and Antonanzas, two other Spanish officers, the latter nicely conveying that brash and tiresome type of subaltern who must have been endured by all armies since the days o Alexander of Macedon—if not before.

Criticism must, however, be levelled at two of the cast. Jennifer Fry as Felisa, the young girl, made a most agreeable hostage; but something was lacking. This girl with her unshakeable faith in Bolivar, who gives strength to Montserrat in his moment of weakening, and who casts away her life with such supreme objectivity—by what is she actuated ? Surely by a passionate and seething hatred of Spain and all Spaniards, stemming from all that they had done to her and hers since first she was fathered by one of them. Miss Fry did not seethe: the passion was insufficient. As Father Coronil the priest, admittedly an amorphous and unsatisfactory part, Ian Christie seemed not to be at ease. He lacked assurance; his lines tended to fall flat, and his priest did not convince. It might well have helped matters had he been made a good deal older and given a strong infusion of mysticism to smooth over the inconsistencies of the part. However, these are small criticisms when compared to the profound success of the whole.

It is to Jean-Pierre Voos that the main praise must go for his decision to produce this play, for the great success with which he has done so, and for his admirable décor. The lighting by Robert Rew and the sound effects of George Klauber were of professional standard, the latter playing a vital part in the generation of suspense in Act II. We are indeed fortunate in having this talented international group to entertain us.

G.A.K.M.

CORRESPONDENCE

Letters to the Editor of the Gazette

Retirement of Mr. G. A. Walker

From Professor Roger Warwick

SIR,—Mr. G. A. Walker, Senior Technician in Guy's Department of Anatomy, is to retire in January, 1958. He will then be in his 51st year of service in Guy's Hospital Medical School. Joining the School's technical staff as a laboratory boy, he worked first in the Department of Biology, moving later to the Department of Anatomy, where he has served three successive heads of that department as senior technician. Few Guy's men of the last half-century will fail to remember Mr. Walker, and all will doubtless wish to join present staff and undergraduates in congratulating him upon this outstanding record. We propose to celebrate the event of his retirement in the Department of Anatomy at 4 p.m. on Wednesday, 8th January, 1958, and to suit the occasion with a presentation. I should be glad to hear from any who may care to join us in recognition of Mr. Walker's long association with Guy's.

Yours etc.,

ROGER WARWICK.

Anatomy Department,
Guy's Hospital Medical School,
London, S.E.1.

Teaching by Television

SIR,—Writing on the use of television in teaching medical and dental students in last issue's *Passim* you stated "it is this hypnotic quality which should make it such an admirable medium for teaching."

My experience of teaching medical and dental students only covers their first year of studies, but here, as I believe is the case in all University teaching, the student is encouraged to think for himself. This is thought to be of greater importance than amassing a large body of facts, or of accepting current opinions, no matter on whose authority.

I hope, Sir, that your peculiar—as it seems to me—views on the nature of education are not shared by many medical teachers. It would be disturbing, and alarming for the future of the medical profession, if students who may have been stimulated to think in their first year of training in scientific subjects should spend the rest of their course in a hypnotic trance.

Yours etc.,

S. J. WYARD.

Physics Department,
Guy's Hospital, S.E.1.

Heraldic Symbols

SIR,—May I have the pleasure of enlightening Miss Caroline Southwell—on the subject of Heraldic Symbols ?

The Shield.—Sable, on a chevron or, between three leopards' heads argent, each crowned with an Eastern crown of the second, as many fleurs-de-lis azure.

Crest.—On the wreath of the colours, a woman sitting accompanied with three children proper, habited azure, being the emblem of charity.

Supporters.—On either side, an angel proper, habited argent, the hair and wings or, each holding a book proper, the clasps gold.

Motto.—Dare quam accipere.

Granted.—College of Arms, 24th May, 1725.

Some of the terms used may require some explanation , for example, "— of the second" refers to the second colour previously mentioned.

"Proper" means in their natural colours.

The colours used here or in heraldic terminology "tinctures" are sable (black), or (gold), argent (silver) and azure.

Yours etc.,

M. A. GILLON.

Dental Department,
Guy's Hospital, S.E.1.

Keats and Guy's

SIR,—After reading numerous journals for many years, I came to the conclusion long ago that the Guy's *Gazette* contains more misprints to the square inch than any journal I know.

Some people no doubt are merely amused by misprints, whilst others are infuriated, especially if they occur in their own handiwork. If you contemplate my hand-writing, is there any excuse for anyone to print, "Nerves and the Feet" for "Fever and the Fret" in my letter in the current number? And who but some unsophisticated clot in the writing room would burble about a "lovely letter", when I quite plainly wrote a "long letter"? Keats' letters were anything but "lovely" for the most part, being often badly spelt and completely mundane in subject matter. They are of the greatest interest nevertheless, but that is another story.

Perhaps you will be so kind as to print this and save me from further ridicule.

Yours etc.,

G. L. DAVIES.

Missenden Lodge,
Withdean Avenue,
Brighton, 5.

REVIEW

A Handbook on Diseases of Children. By BRUCE WILLIAMSON. 8th Edition. E. & S. Livingstone. 1957. Pp. 483. *Price* 27*s.* 6*d.*

The first edition of this book was published in 1933. Since then seven editions have been published at fairly regular intervals. The present edition follows the pattern of its predecessors, in which diseases are described under the appropriate systems. The author does not say in the preface for whom he has written the book, but although medical students would find it stimulating, they might be misled by its unorthodoxy. For example, few would agree that phimosis or dilation of the stomach cause bronchial spasm, or when fever persists in lobar pneumonia that empyema should be considered before otitis media. Kernicterus in haemolytic disease of the newborn is barely mentioned and reference to the importance of frequent bilirubin estimations in order that the need for replacement transfusion may be recognized, is entirely omitted. The possible sequelae of kernicterus are described in only one sentence and referred to as spasticity and mental deficiency, whereas athetoid cerebral palsy, usually accepted as the more common, is not mentioned.

The introduction to this volume is good and gives the reader a broad account of neonatal and infant mortality, and the changing pattern of the incidence of disease in children is well illustrated. There are two good chapters on the fevers of childhood, with useful coloured plates of the commoner rashes. Although it is regretted that there is no special section on the care of the newborn, much of this is described in the chapter on infant welfare and dietetics. There is a useful chapter at the end of the volume on the dosage of drugs, and guidance on the use of antibiotics.

This book contains some controversial opinions but it is interesting and stimulating. It would not, I think, be the ideal first choice for the medical student, but the practitioner will find it readable and thought provoking. M.C.J.

SPORT

RUGBY FOOTBALL

Guy's v. Old Whitgiftians

At H.O.P. 30th November, 1957.

Result—Lost 0-5

With a none too impressive record to date, this unnecessary but deserved defeat by the Old Whitgiftians only served to further illustrate the need in the hospital team for a radical change in approach towards the game, amounting to an enthusiastic attitude, essentially of the nature to last the eighty minutes of play. Present at the start of the season, this spirit is now flagging to the extent that successive defeats are now met with all too philosophic an acceptance.

This is not meant in any way as a criticism of Buirski's encouraging captaincy, but directed rather at a large proportion of the remainder of the team. Although it is only fair to bear in mind that our fifteen is composed of players with other and more important facets to their existence at Guy's, it should also be remembered that we possess an impressive fixture list, and are looked to from all quarters to maintain the standard of play expected from a team in such a position.

In the Old Whitgiftians match, the general standard of play was certainly below par. The backs with the exception of Nicholas at scrum-half, were blatantly unimpressive, and were largely, but not wholly, to blame for throwing away what should have been a convincing victory, in allowing an initially timorous and incohesive side to score a try which was to embolden them to the point of no mean efficiency in both attack and defence.

In the opening phases of the game, the hospital were the first to initiate attack which they kept up ineffectually for several minutes. At a point when the visitors were hesitant and scrappy in defence, tries would have been scored were it not for the indecisive play and fumbled passes in the three-quarter line. Equally ineffectual in attack, however, were the visitors at this phase, but were rewarded with a set scrum underneath the Guy's posts for their pains. An infringement here gave them a penalty kick from a very easy angle, which Portman missed. Three minutes later they broke up a Guy's attack, when Bunn, their left winger, intercepted the ball in his own 25 to make a break along the touchline before giving the scoring pass to Toon, who made a fine 40 yard dash to touch down near the left corner flag, for a try which Portman converted beautifully. Inspired by this, the visitors became a more formidable proposition and repulsed the ensuing hospital attacks with a creditable display in defence. Making full use of the wind their touch kicking and strategically placed cross kicks, always backed up, tested the hospital defence fully too, but produced no further score by half time.

The second half found a Guy's attack repulsed, almost resulting in a further score for the visitors who neatly reversed the run of play. Fortunately, spurred by this near attempt, Guy's made a more concerted effort and this time looked more like scoring, but the covering of the Whitgiftians' defenders made this difficult. Again, however, opportunities did present themselves only to be frustrated by dropped passes, two missed penalties and lack of confidence. Scissors movements between Hawley, Lindsey and Hackett nearly paid off, but the visitors now decided to attack again, and for the next twenty minutes confined play to the Guy's half. To their credit they looked liked scoring, but didn't. However, they managed to hang on to their early lead, in spite of a desperate last-minute high-pressure attack by Guy's which was still at its peak when the game ended

The experiment of playing Hawley at wing three-quarter did not pay off, but before condemning the move, it would be only fair to reserve judgment until he is seen in this position as a member of a line of backs—all playing efficiently.

Team : K. M. Pagliero; R. T. Hawley, M. Lindsey, R. J. O. Smith, C. E. Evans; G. W. Hackett, J. D. R. Nicholas; J. S. Van den Berg, W. M. Patterson, D. J. Richards, P. Harris, B. Blackwell, M. A. H. Russell, S. A. R. Cooke, A. P. Buirski (Capt.).

Guy's v. Coventry

At Coventry 7th December, 1957

Result—Lost 8-18

A heavy and effective pack, not so hampered by the muddy condition of the pitch as were the Guy's forwards, was largely responsible for this convincing defeat on the Coventry ground. With Hawley back in the centre, and Duff at full-back, the pack included Sales and Bryant in the back row.

Initially Guy's showed a superiority in attack, and were awarded a penalty early in the game inside the home ten-yard line, from one of a series of tight scrums dangerously near the Coventry line. Duff took the kick and made a creditable attempt, the ball falling just short of the centre of the crossbar, and being cleared effectively by a defender. Coventry were not slow to retaliate, and came a series of powerful forward rushes which taxed the Guy's defence to no mean extent.

At this point the home forwards were more prominent than the, as yet, unsettled three-quarters, who with ample opportunities from set scrums, and to a lesser extent the line-outs, were unable to take full advantage of their service. The hospital on the other hand alternated their defence with a not unimpressive series of sorties into Coventry territory, featuring a much improved back line to the previous game. Although they did not score some of their movements did much to raise the standard of play and only the effective Coventry covering was to blame for the static score.

The power of the home forwards, now coupled with a more effective three-quarter line became increasingly hard to hold, however, and late in the half Sanders scored a good try when, breaking across the hospital 25, he successfully dummied to his supporting centres before going through a gap in the hospital defence for an unconverted try. Shortly afterwards and just before half time, Sanders instigated another move which led to a less spectacular try as Moffitt took the scoring pass to bulldoze his way over the line. This time Dove missed a relatively simple conversion.

Guy's were straight into the attack in the second half, with an alacrity which if maintained in all hospital games would cause opponents no little trouble. For some reason, however, the thrust seems to vary directly with the distance from the line, and the adequate covering which Coventry were able to muster held them from scoring. A long touch-kick relieved the pressure, and Coventry started an attack which was to put them well on top. Again it was the enviable combination of forwards and backs which was responsible. From a line-out inside the hospital half, Sanders made a break to the right, passing inside to his forwards at a point when he had drawn most of the defence. Loose passing among the forwards took place, and it was left wing Huins who scored near the touch-line—Evans tried the conversion but this was not Coventry's day at kicking and he missed from a difficult angle.

The next try came as a result of a Guy's mistake. A line-out near the line led to Nicholas passing the ball to Hackett, usually very safe: the fly-half failed to catch, and in a tussle for the ball now over the line was beaten to it by Morgan who cut in swiftly. Allison took this conversion, but in contrast to his outstanding play at full back, he again failed to convert. It was Morgan who further increased the score by a drop goal in the 26th minute and the remainder of the scoring was done by Guy's who to their credit were quick to snap up opportunities even at this late stage. The first was an individual attempt by Hawley who snapped up a loose ball on the halfway line. Taken by surprise, the defence proved no great obstacle and he scored near the posts. Duff converted, and Guy's hit back again in the closing minutes of the game, with undoubtedly the best try of the match. Again it was Hawley breaking left, who took a well timed pass from Nicholas at the base of the scrum. This time a number of defenders were in the way, and tried to stop him, but with a brilliant sprint and variation in pace he touched down for an unconverted try near the flag.

Team : J. K. Duff; R. J. O. Smith, R. T. Hawley, M. Lindsey, J. Leyshon ; G. W. Hackett, J. D. R. Nicholas; J. S. Van den Berg, W. M. Patterson, D. J. Richards, P. Harris, B. Blackwell, J. Bryant, J. Sales, A. P. Buirski (Capt.).

Guy's v. Old Cranleighans

At Thames Ditton. 14th December, 1957

Result—Won 11-6

This match was outstanding as Guy's first away win of the season, and although a thoroughly enjoyable game, the victory was not as decisive as it might and could have been. Arriving as a spectator Mr. T. L. T. Lewis had to stand in for Smith—unable to come at the last minute. Mr. Lewis played a very sound game at full back while Duff moved to the left wing. Guy's won the toss and Buirski chose to play against a fairly strong wind. This wind in fact was to influence the run of play quite considerably. There was much mishandling of the ball in the first few minutes of the game, both sides being guilty, due more to the cold weather rather than individual inability, but fine touch-kicking was a prominent feature of the game at this point and the considerable wind advantage led to an early skirmish on the Guy's line with the home backs and forwards battling eagerly for a chance to score. Well held by the hospital, and frustrated by shrewd defensive touch kicking, they did not attain a lead until awarded a penalty from just inside the Guy's half-way line, from an infringement in the scrum. Fortt made an excellent kick and a few minutes later the O.C's further increased their score when Holmes made a fine drop-kick from well outside the 25.

The hospital backs were having a much better day than usual although at this point tending to be caught in possession rather too often. In the 30th minute Evans looked as if he must score with a good break from a pass by Lindsey. Surprisingly he was stopped in his tracks just short of the line, and for the rest of the half there was no further score from either side.

With the wind behind them in the second half, the hospital were at a definite advantage. Good hooking by Patterson and effective forward play in the tight gave Guy's much of the ball, and aided by a good service from Nicholas the hospital should have been able to run up a few tries. Their first score, however, was a penalty by Duff in the third minute from the region of the 25 yard line. From that point, they pressed hard keeping a consistent hammering attack on the Cranleighans, line and in the sixteenth minute Hawley scored on the blind side from a set scrum on the 25, cutting in behind Hackett to take from him the short scoring pass, touching down between the right corner flag and the near upright. Duff made no mistake with the conversion.

Shortly afterwards it was Guy's turn to defend again and Hackett only just managed to touch down a loose ball ahead of two attacking forwards. Their spell on the Guy's line on that occasion, however, was short-lived and play was soon swept back to their own half. In the 24th minute, Duff completed a day's excellent kicking

with a well-placed penalty from none too easy an angle, notching another three points for Guy's. The three-quarters too were effective at this phase of the game, and in one neat little movement involving a very short pass from Lindsey to Hawley, the latter was only brought down a few feet from the line with an ankle tackle.

The marking and covering of the Old Cranleighans, defenders was good and their spirit showed when after a long period on their own line, they gave Guy's some very perilous moments in an all-out attack in the closing minutes of the match, Holmes and Roberts being prominent in this last desperate but unsuccessful attempt to even the score.

To sum up, Guy's showed a glimmer of what they *can* do, and with the accent on teamwork and partial submersion of individuality, the hospital cup (in spite of our record to date) is ours for the asking.

Team : T. L. T. Lewis; C. E. Evans, R. T. Hawley, M. Lindsey, J. K. Duff; G. W. Hackett, J. D. R. Nicholas; R. W. May, M. Patterson, D. J. Richards, P. Harris, S. A. R. Cooke, M. A. H. Russell, A. P. Buirski (Capt.), J. Sales.

CROSS COUNTRY CLUB

Regent's Park Road Race, 1957

This enjoyable race, organized by the Middlesex Hospital, was run over two laps of the outer circle of Regents Park, on Wednesday, 11th December. Most of the major hospitals were competing. It rained throughout the race. Guy's unfortunately had a weak team, neither Parratt, Rickett, or Ford running for us. It was a great disappointment that we were beaten easily by the London Hospital, who had the first man home, P. Hillenbrand, an outstanding freshman who was ninth in the U.L. Championships. Davis ran a grand race, remaining with the leading group until a mile or so from home.

Final positions were :—

Huddy 2nd, Davis 5th, Phipps 8th, Mitchell 14th, Willé 19th (went wrong way).

We thus scored 48, to the London's 38. Had Parratt and Rickett been running, we would probably have had all 5 scorers in the first ten, which would have trounced the London. We hope to have a full team for future matches (absentees, please note).

United Hospitals Athletic Club Handicap, 1957

We entered four for this race over 6½ miles at Chislehurst, on Saturday, 14th December. A combination of end of term, post office work and very chilly weather resulted in a poor turn-out. Handicaps were timed off the start, Willé receiving four minutes, Davis one minute, Parratt 45 seconds, and Huddy starting from scratch. One or two people went off course, but the distances raced were adjudged roughly equal, and the handicap was won by Huddy, 33 min. 45 sec., with Davis second in 34 min. 24 sec., a clean sweep for Guy's. Parratt came in 5th, Willé 7th.

Our next match will be v. Westminster and St. Mary's on 8th January, and we hope that Christmas Festivities will not, too much, prevent a little training in the next three weeks: is this hoping for too much ?

University of London Championships, 1957

The above championships were held at Parliament Hill Fields over 5½ miles on Saturday, 7th December. Guy's entered a full team of 7 and extra individuals. Conditions were very heavy, and it rained throughout the race. However, despite a team deficient in our leading runner, A. J. Parratt, we succeeded in winning for the first time the Roehampton Cup, awarded to the winning minor college. While protesting violently against our inclusion among "minor" colleges, we were glad not to have competed for the cup against Imperial College, who entered nine teams, and won the main cup for the championships. The whole Guy's team ran well, Phipps showing outstanding ability in gaining half a dozen places over the last quarter mile, to finish 18th in a field of 160. Rickett was close behind in 24th place and Huddy, Davis and Mitchell in the humbler positions. Willé had to retire after one lap with a sharp pain in the chest (? angina—this was his suggestion), Davis, Boothby and Meyer ran well as the extra runners. The London Hospital, our closest challengers in the inter-Hospitals championships, were second to us in the cup, and we shall certainly need a full team for the Kent-Hughes next term if we are to remain holders.

We were greatly encouraged by the presence of Mr. J. S. Tomkinson, President of the Club.

ROWING

Guy's lost the University of London Boat Clubs Winter Eights Cup when they were beaten by Westminster Hospital in the first heat of the event on Saturday, 7th December.

The course is 7 furlongs from Chiswick Bridge to Kew Railway Bridge, Guy's had the Surrey station and went off to a good start being ½ length up after 1 minutes rowing. After 2 minutes Guy's led by ¾ length. They were slightly worried by having to pass close to a tug but were still up by a canvas at the boat house. Here Westminster took greater advantage of the stream, taking the bend more widely, and came up on Guy's right up to the finish when the crews were side by side. Westminster were judged the winners by two feet. Westminster went on to the semi-final and the final, being beaten by Battersea Polytechnic by three feet.

Crew : Bow, W. Long, 2 M. S. Parrish, 3 H. D. W. Plowright, 4 T. H. Redpath, 5 R. H. S. Mindham, 6 F. Schwirtzer, 7 P. Dobson, Stroke J. Axton, Cox J. C. Bradley.

BRIDGE CLUB

A Christmas Bridge Drive was held on the 12th December, in the Newcomen Street Buildings. 16 couples entered, the prize winners being :—

1st L. Cook and R. Mackeith.
2nd A. Collingham and R. Paul.
3rd D. Holmes and K. Mackenzie.

Next term duplicate matches have been arranged against Imperial College and the London Hospital and teams are to be entered for the United Hospitals Championships.

HOSPITAL INFORMATION

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited for the post of **Resident House Physician** (with Casualty Duties) for six months from 1st February, 1958. Appointment recognised for the D.C.H. Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates), and copies of three recent testimonials, to the Hospital Secretary by first post on **3rd January 1958.**

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the post of **Registrar (mid-grade) in the Department of Clinical Pathology** with duties from 17th February to 30th September, 1958, in the first instance.

Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, London Bridge, S.E.1, not later than **28th December, 1957.**

GUY'S HOSPITAL, S.E.1

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in the Casualty Department** with attendance on 6 sessions per week, to commence duties on the 1st April, 1958.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **31st December, 1957.**

SIR ALFRED FRIPP MEMORIAL FELLOWSHIP

Applications are invited for the Sir Alfred Fripp Memorial Fellowship in Child Psychology tenable at Guy's Hospital. The Fellowship is open to medically qualified men or women under the age of 35, preferably with experience in Pædiatrics as well as in Psychological Medicine. Stipend £250 per annum. The appointment is for two years and may be held concurrently with a part-time appointment at Guy's or elsewhere. Applications should be forwarded to the Dean, Guy's Hospital Medical School, S.E.1 (from whom copies of the regulations may be obtained), together with the names of three referees, not later than 15th January, 1958. Candidates should submit with their applications particulars of their previous career and a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship.

APPOINTMENT

Mr. Jeffery S. Rose, B.D.S., F.D.S., D.Orth. R.C.S., appointed Senior Assistant in the Orthodontic Department, London Hospital Dental School.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bearn, A. G. and another. Minor Hemoglobin Components of Normal Human Blood. *Fed. Proc.*, 1957, **16**, 760.

Boulter, P. S. and Grové, S. S. Renal Calculus and Perinephric Suppuration due to a Penetrating Bone Fragment. *Brit. J. Urol.*, 1957, **29**, 142.

Butterfield, W. J. H. and Thompson, R. H. S. The Effect of Dimercaprol (BAL) on Blood Sugar and Pyruvate Levels in Diabetes Mellitus. *Clin. Sci.*, 1957, **16**, 679.

Douthwaite, A. H. and Goulding, Roy. Action of Senna. *Brit. med. J.*, 1957, ii, 1414.

Goulding, Roy. Antibiotics in Theory and Practice. *Brit. dent. J.*, 1957, **103**, 379.

Hume, K. M. Physiological Considerations in the Treatment of Asthma. *N.A.P.T. Bulletin*, **1957, 20, 185.**

Kesson, C. W. Factors Influencing Neonatal Mortality. *Brit. J. clin. Bact.*, 1957, **11**, 864.

Kinghorn, A. and another. Inlay Production from Rubber-Based Impressions. *J. Dent. Ass. Sth. Afr.*, 1957, **12**, 420.

Zausmer, David M. The Effect of Cooling on Muscle Excitability. *Ann. Phys. Med.*, 1957, **4**, 144.

PERSONAL

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R. B. Johns, L.D.S., 23, Station Road, Orpington, Kent. (Tel. Orpington 28947).

Jeffery S. Rose, F.D.S., D.Orth.R.C.S., 30, Wimpole Street, London, W.1. (Tel. Welbeck 8867).

D. C. Turk, M.R.C.P., Department of Pathology, U.C.W.I., Mona, Jamaica, B.W.I.

BIRTHS

BARKER.—On 2nd December, 1957, to Jennifer (née Austin), wife of Tom Barker, L.D.S. R.C.S., of The Chantry, Warminster, Wilts., a daughter.

BILLINGHAM.—On 10th December, 1957, at Queen Charlotte's Hospital, to Margaret (née Macpherson), wife of John Billingham, M.B., B.Chir., a son.

WHITE.—On 2nd December, 1957, at Guy's Hospital, to Patricia, wife of Richard White, M.B., B.Chir., a son (Charles Justin Reeve).

MARRIAGE

HOLMES—BROOK.—On 5th October 1957, at Carshalton Beeches Baptist Church, Donald Michael Holmes to Margaret Rosemary Brook, M.C.S.P.

DEATHS

EASTON.—On 8th November, 1957, Wilfred Angell Easton, M.R.C.S., L.R.C.P., L.D.S., of Sunningdale, Reigate.

MITMAN.—On 13th December, 1957, Maurice Mitman, M.D., F.R.C.P., of Joyce Green House, Dartford, Kent.

EDS. { P.M.E.D. J.A.W.

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